	•	759		CERTIF	ICA	E OF DEATH	1		Reg. Dist. No	.66754
1. PLAC o. Co	OUNTY Monte	gomery		MARYL		usual residence (Who stale Marylan	ere deceased live	L COUNTY	Residence before Montgo	
	TY OR TOWN (If outs JRAL and give nearest		its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If o	utside corporate	limits, write RUF	RAL ond give ne	earest town)
1		sburg		9 yrs	- (Clarksb	urg		THART	
d. N	AME OF HOSPITAL (IF			-		d. STREET ADDRESS	344	33 D4		e. IS RESIDENCE ON A FARM?
2 2144		stown l		Rd.	11	Hyattst	T			YES X NO
	EASED e or print)	Par	al .	Bateman		lender	4. DATE OF DEATH	Janua	ry 27	19 61
S. SEX	6. 0	COLOR OR RACE	7. MARR	IED 🙀 NEVER MARRIET		DATE OF BIRTH	9. 4		Months Doys	Hours Min.
		ite	WIDOWE			Aug. 28,18	78	82 yrs.		
10a. US dur	UAL OCCUPATION (Gring most of working li	ife, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Fallsto		(۲)	12. CITIZEN O	F WHAT COUNTRY
13. FATI	HER'S NAME		1.16			14. MOTHER'S MAIDEN N	IAME			
	James	Lawren	nce A	llender		Charlot	te Clo	man		
15. WA: (Yes, no.		U. S. ARMED FOR		SOCIAL SECURITY NO.		DRMANT		Addres		
No		4-		5-16-7787	Mr.	Bird Jacq	uette	Allend	er, It	em 2
1B.	PART I. DEATH W		to	e for (o), (b), ond (c).	em	molana			INT	ERVAL BETWEEN
g	422. / onditions, if ony, we pre- pre- pre- pre- pre- pre- pre- pre-	DUE TO	Ort	rischert	is a	arlionesc	In J	men	x t	o ylan
CATION		GNIFICANT CON	,	ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIVEN	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI OB (IE	. ACCIDENT WAS UN CONTRIBUTING [] C EITHER, NOTIFY MEDI	IDERLYING [] AUSE OF DEATH CAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED.	Enter noture of injury in F	Port I or Port II o	of item 18.)		
WEDICAL 20c.	TIME OF INJURY M Hour o.m. p.m.	onth, Doy, Ye	While	Not while of work	20e. PLAC foctor	E OF INJURY (Home, form y, street, office bldg., etc.	, 20f. (City or	town)	(County) (Stote
ali ACI SIG	I certify that I	D.K	2, 19 C	, and that o	death a	coursed at James 2	ADDRESS (Street	causes and	an the date	w the deceased e stated above DATE SIGNEI
NA	ME (Type)	ames P.					cus, M			
B	RIAL, CREMATION, 2 MOVAL (Specifi) WWW. ERAL DIRECTOR SIG	2b. DATE THEREC	3/	Olesley ADDRESS / /	TERY OR	apel	BY REGISTRAR	(City, town, or	County) RAR'S SIGNATU	IRE YStote)
Ed	gan di	nane	Ch	with Hel	ll,	Md part 2	161	College	& Krank	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

promption and the forest the fore Wandayauth sands The thrown in 11 th amount to the contract and the contra Faul Betomen Allender Jonuary 27 . 61 sale was to see the see of the see Full ston, Md. - Unk negati eddolunda yobne falenat serat The start the star pool in the starter with the start of The state of the s Damesons, M. THE NAME OF THE PARTY OF THE PA Course JAMES William Comment of

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	0	13	-	4,0
U	U	7	U	; }

1. PLACE OF DEATH o. COUNTY Montgomer	v		MARYLAND	a. STATE		nere deceased irginis	b. COUNTY Arlin		nce befo	re admiss	ion)
b. CITY OR TOWN RURAL ond give	(If outside carporote limi nearest town)	ts, write c	LENGTH OF STAY IN 16	c. CITY OR	TOWN (If a		ate limits, write R		give ne	orest tawn	-3
OR INSTITUTION	PITAL (If nat in hospital, g	give street ad	6 hrs.	d. STREET	ADDRESS				0 -	ONA	IDENCE FARM?
3. NAME OF DECEASED (Type or print)	<u>al Hospital</u> Fir Be	aby Boy	Middle	1709 S	st	4. DATE OF DEATH	reet Mon Janua		Do) Y	Year 19 61
S. SEX			D NEVER MARRIED	B. DATE OF BIRT	Н	9	P. AGE (In years last birthday)	IF UNDE	RIYEAR	IF UNDE	R 24 HRS.
Male	Caucasian	WIDOWED	DIVORCED	1-23-	61		yrs.	Months	Doys	Hours 5	Min. 54
	TION (Give kind af work arking life, even if retired		ND OF BUSINESS OR INC		IACE (State		untry)		TIZEN O	F WHAT C	OUNTRY?
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	NAME					
Kenneth F	. ANDREWS			Ruth	Ann Ho	OEHLEIN	N				
15. WAS DECEASED E	VER IN U. S. ARMED FOR		OCIAL SECURITY NO. 17.	INFORMANT			Add	ress		24.5	
No	(11) 52, give the street at a second		None (F) Kennet	h F.	Andrews	s, same	as #a	ab	ove	
18. CAUSE OF D	EATH [Enter only one co	use per line	far (a), (b), and (c).]	-101	_				INT	ERVAL BE	TWEEN
Conditions, if gave rise to cause (o), stotin lying couse los	immediate ag the under-	+ + + + + + + + + + + + + + + + + + +	Prematu NTRIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY PRMED?
OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20Ь. DESCR	IBE HOW INJURY OCCUR	RED. (Enter noture o	of injury in I	Port 1 or Port	II of item 18.)				
20c. TIME OF INJ Haur o. m p. m	1,	While of work [Nat while	PLACE OF INJURY factary, street, affic			or tawn)		(Caunty)		(State)
	hat (I) this bearite	-1	d the deceased fram	_	d a 2:35	M, fram t	Jan. 24 he causes an	, 19_ d an th	61 th	stated	b. DATE
22c. PHYSICIAN'S	fredw (frel	lo	M.D. ATTENDIN PHYS. 22d. ADDR	X DI	ED. RECTOR	STAFF PHYS.			1-24-	SIGNED
NAME (Type		TTO. I	T. MC. USN	II. S	Nave	al Host	oital. B	ethes	aña	Мд	
23a. BURIAL, CREMAT REMOVAL (Speci Burial-Shi	TION, 23b. DATE THEREC		23c. NAME OF CEMETERY	OR CREMATORY			ON (City, tawn,			(Stot	
R. A. Pum		al Home	ADDRESS,	Md.		D BY REGISTR		STRAR'S S			
-20	51232X	V2					-11.30				

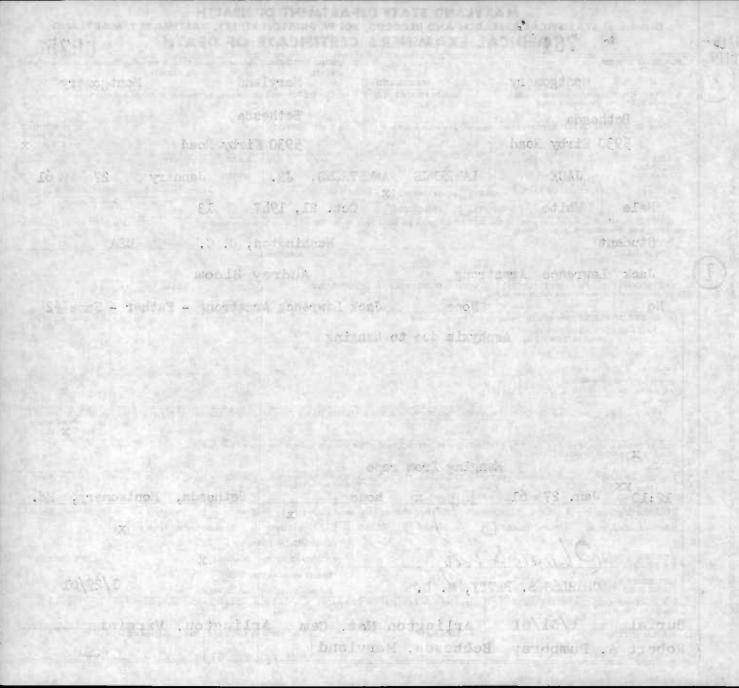
SV11+C0

porporation o	MALONALY WALLS		1 000	
	algraphy	***************************************	واقد (الاستام)	Bette
	1,00 2. 10,51 4. 851		Liberty Something .	0 .V
10 ES granus	etentiki.			
	A. See		Carenalan	
AND	Bud call	w os M w to M		
	TOTAL ON HAIF		ETRISTIA 31 LIS	
syoda Si en cena .	arenba denucea (
The second	Jan. 23	L CL	AS COLUMN TO THE SECOND	
11-15-1				
The superchast that	U. C. Hayati Rom	TO W. TI	Trop W. ORTO.	
and a finite service of the service	mo0	9010 120	"- ui-" unserte -l	
		THE RESERVE OF THE PARTY OF THE		

R. J. Panintel School Lance, Revinsion, Mt.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 76 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence balora admission) or your files. Health, . COUNTY a. STATE 6 COUNTY Montgomery MARYLAND Maryland Montgomery should be executed within 24 hours after death. It any restrictor, rend in pencil in Item 18. Give Pages 1, 2, and 3 to the funerar director, rend in pencil in Item 18. Give Page 5 may be retained for your files along with form PM3. Page 5 may be retained for your files of fice along with form PM3. Page 5 may be retained for your files. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) write RURAL and give nearest town Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 5930 Kirby Road 5930 Kirby Road YES NO X NAME OF Middla DATE Month Day Year DECEASED OF ARMSTRONG. JACK 19 61 (Type or print) LAWRENCE JR. DEATH January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T B. DATE OF BIRTH AGE (In years 1 IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Hours Male White WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired Student Washington, D. C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM Audrev Bloom Jack Lawrence Armstrong MEDICAL EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or datas of service) should be forwarded to the Chief Medical Examiner's Office along with FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permits designated agent, prior to burial, cremation, or removal, and in any Jack Lawrence Armstrong - Father - Same #2 None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia due to hanging IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which ease execute the certificate, writing the word "pending" gave rise to immediate causa DUE TO (e), stating the undarlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? X NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Hanging from rope MEDICAL Month, Day, Yaar 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) Not Whila 27 19 61 at work Montgomery Jan. at work Bethesda. Md. home 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, Undetermined manner X death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S 1/29/61 CHARLES S. PETTY, NAME (Type) Addrass (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 40 p Burial 6 n Arlington 24a. REC'D BY REGISTRAR | 246 23. FUNERAL DIRECTOR VS. A15ME Bebbesda, Maryland Robert A. Pumphrey DATE 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

762

60757

1	PLACE OF DEATH	tgomery	c. CITY OR TOWN [if outside corporate limits, write RURAL and give in Bel Air Bethesda lt, Md. First James Route #1 Box 200 ROR RCE 7: MARRIED NEVER MARRIED BOX	_				
		f autside corporate limits, wri		URAL ond give no	give nearest tawn)			
	OR INSTITUTION				Box 200)		e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	Darrell First	•			January	th 21	8 1961
S	Male	T.Th4 .4			- 4	last birthday)		R IF UNDER 24 HRS. Hours Min.
E	ody & Fend	ON (Give kind of work done ling life, even if retired) er Repairman		North Ca	rolina	ntry)	U.S	•A•
1	3. FATHER'S NAME	C. Ashley						
1	5. WAS DECEASED EVE	R IN U. S. ARMED FORCES?		INFORMANT The Me	dical R			ryland
		TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ny, which mmediate		horocarci	wond		IN ON	TERVAL BETWEEN USET AND DEATH TO THE TERMINATION THE TERMINATION TO TH
	20a. ACCIDENT WA	AS UNDERLYING 20b.					'EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES A NO
	20c. TIME OF INJUR Hour a. m. p. m.	W	hile Not while f			ar town)	(Count)	r) (State
			289 61 and that	M.D. ATTENDING DATES TO NA	MED. DIRECTOR DIRECTOR TO Clinicational	STAFF PHYS. Cent	d an the date of Hess Of He	te stated abave 22b. DATE SIGNED
	BURIAL, CREMATIC BEMOYAL (Specify) CLINICAL DIRECTOR	Jany 31/61	BUAIRM	OR CREMATORY GAR	23d. LOCATIO	ON (City, town, of Ar 25b, REGIS	or county) THARE STRAR'S SIGNAT	
	Joseph Ca.		Air, Marylan	DATE	JAN 31 '6	1 0	Lithur S. H	iaud

TO HOSPITA & ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour offer death rage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

TO HOSPITA VR A15 (4) 1SM 9/S9

				257	
Die breit.		fyreN		ушно кло	
		16. 164	E9 0 572	٥	breddle.
	1,25 % 1		octda 1th, bea.	ron ex. and faci	exio en
D 63	make a C	McMag	nemaS	Liveral	
	100	eron 17, 1		pradi	office
			qoilB	marriagell ream	1 4 600
		-231c		galdgå .0≥io	13-24
e 11, brylani	, ,	Coletan	do on on	Aggnan	
n es	grandije di S Ma (D)	() () () () () () () () () ()	4 4	Sec.	
MAIn 2 BATT				Sornyl of troi	
Light English girl	E XX Inch	11000			

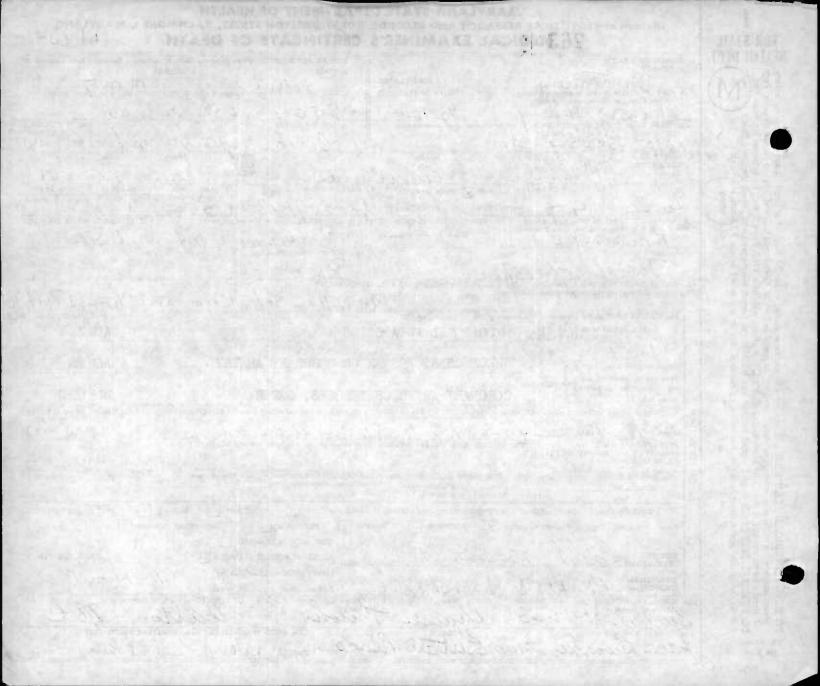
FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any, is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and Armin the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 frouts after death.

VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 753 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

٠	1. PLACE OF DEATH o. COUNJY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
	marta	a. STATE b. COUNTY	
Н		c. CITY OR TOWN (If outside corporate limits, write RURAL end	give plarest town)
	b. CITY OR TOWN (if cutside corporet limits, write RURAL and (a ve neerest town)	Maria 1 1 th al	
	Selver prong 1/2 hu.	10 8304 16 25 N.C.	
.	d. NAME OF HOSPITAL OF INSTITUTION of not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	1015 Spring St	I Selete Spring my	YES NO
1	3. NAME OF DECEASED First Middle	Last 4. DATE Month	Dey Yeer
	(Type or print)	ander DEATH John	10 1961
1	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1)	
		(last birthday) Months D	Peys Hours Min.
1	106 USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUST	Nec 25 1905 33 yrs.	
	106/ USUAL OCCUPATION (Give kind of work of work of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
1	housevorte	Baltimore Md. 1	ISA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
9	Joseph Floighon	Rase	
		INFORMANT Address	
П	(Yes, no, or unkown) (If yes give wer or dates of service)	IV. William Selen Koor STUGCI	over Rd. Balt. 15
	18. CAUSE OF DEATH Enler only one cause par lina for (a), (b), end (c).	V. William Selen 1000 Stock	
		OTT AN	ONSEL AND DEATH ACUTE
П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDTAL INFARC	TION	ACUTE
1	DUE TO		
	Conditions, if any, which \ (b) THROMBOSIS, POSTE	RIOR CORONARY ARTERY	ACUTE
1	geve rise to immediate cause		
-	(e), steting the underlying CORONARY ARTERIOS	CLEROSTS, SEWERE	UNKNOWN
			1(e) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Colleges after returning 1 Cc 270 Xylocan 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.		PERFORMED?
5	3 Callyse you return 126 710 xylocan	is for dental regain	YES NO
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DOB. DESCRIBE HOW INJUSTY OCCURED.	(Enter Seture of Injury In Part I or Part II Vf item 18.)	
		ACE OF INJURY (Home, farm, ' 20f. (Cily or town) (Coun	ty) (State)
	Hour a.m. While Not While et work at work	ctory, street, office bldg., atc.)	
	21. I certify that I took charge of the remains described above, he	eld an Autopsy X, Inspection , Inquiry ,	and in my opinion
			ond in my opinion
	death resulted from: Natural causes , Accident , Suid		
U	1 10 B +	CHIEF MEDICAL EXAMINER	
	SIGNATURE THEY I drenheut	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S TO TO	DEPUTY MEDICAL EXAMINER	1-61
-	NAME (Type) FLANK J. 13/03Chzxx	Address (Street, city, town, or county)	- 01
	220. BURIAL, CREMATION, 226. DATE THEREOF 229 NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or country)	(State)
	Minus 1-12-61 Sugaron 7	Feloh Palto	1160
	23/ FUNERAL DIRECTOR / ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	GNATURE
	Jack Europe 2100 Eutrio Pl		
1	The square of the same of	DATEJAN 13 '61 Cuthur S. 1	Cultin



TO HOSPITAL

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	. (1	13	1	1	1
-	, (9	1	()	4	1

	1. PLACE OF DEATH o. COUNTY 1/1/1	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	Montgomery MARYLAND	o. STATE Maryland b. COUNTY Montgomery
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) .	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Takoma Park 28 days	Kockville 33
-	d, NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Washington Sanitarium + Hospital	13412 Parkland Drive YES NO
	3. NAME OF DECEASED (Type or print) John Michael Ba	Lost 4. DATE Month Day Year OF DEATH DAN: 28 1961
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years If UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min
	Male White WIDOWED DIVORCED	2/24/94 (66 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIANT OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	MICHAEL BALASSA	unknown
1		IFORMANT Address
/	(Yes, no. or unknown) (If yes, give war or dates of service) 170-10-6623 Ho	spital Records
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)	UNTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (S) LELLE SUP.	sureline Companema Symulation
	527.0 DUE TO	
	Conditions, if ony, which) Massive College	lung (Durging intermention) 3 who.
	gove rise to immediate couse (a), stating the under-	
	lying couse lost.	no Comissis 20-30 yr
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO
	20%. ACCIDENT WAS UNDERLYING 20%. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for work p. m. 19 of work of work	tory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	Occ 3/ 1960, to Jan 28, 1961, that (1) (we) last
	saw, the deceased alive an Jan 28 19 6% and that d	
	229 SICHATURE	22b. DATE
	Il aimond O. West	M.D. PHYS. DIRECTOR PHYS. SIGNED
	22c. PHYSIGAN'S NAME (Type) RAYMOND O. WEST	22d. ADDRESS
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	BURIAL (Specify) 1/31/61 Nat 1. Mem. Po	
	2 WHITE PIRE TO PEN STEP INC STEPSER SPRING	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Haymond a. Jiska	DATEFER 2 '61 Cuthun S. Known

- CV-1			\$11.7	
			San Fave Teles	
				A CHECK
	, M., .			
		fair and and a urs		
		esas-establica	PER BUT AV	
			THE AN ORDER OF	
elle signification, resumble lie		STALL AND ASSESSED.	49/17/1	
			*	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed was 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femeral canbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (176)

Takoma Park Meryland (A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street eddiess) (A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street eddiess) (A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street eddiess) (A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street eddiess) (A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street eddiess) (A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street eddiess) (A. STREET ADDRESS (A. STREET	
write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Takoma Park, Wery Land	
(Eventide Nursing Home)	ON A FA
700 Hudson Avenue	106 Wood] awn Road YES NO
	Last 4. DATE Month Dey Yeer OF
THE A SA S	IGS January 1 1961
6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	
Female White WIDOWED DIVORCED A	. Monnis voys House M
Oa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Byley Lyford	Adeliza Prescott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Cheverly, Maryland
	s. Louise L. Owens- 3020 Crest Avenue
A .	ONSET AND DEAT
IMMEDIATE CAUSE (0) To culio fle	remember 20thy
Conditions, if eny, which > (b) Cero Oro Wars	calabace oleut / 1945
geve rise to immediate ceuse	
(e), stering the underlying	Grafe 12 releases 4kg
CONTRACTOR OF THE PROPERTY OF	
CONTRACTOR OF THE PROPERTY OF	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME
CONTRACTOR OF THE PROPERTY OF	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME
CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO
(C) TO STATE OF THE STATE OF TH	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO (Enter neture of injury in Pert I or Pert II of Item 18.) (CE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stet
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO (Enter neture of injury in Pert I or Pert II of Item 18.) (CE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stet
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. p.m. 19 While Not While factorized 19 19 19 19 19 19 19 1	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORME YES NO (Enter neture of injury in Pert I or Pert II of Item 18.) (CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. p.m. 19 While Not While fact et work et work 19 19 19 19 19 19 19 1	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO (Enter neture of injury in Pert I or Pert II of item 18.) (CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stetler, office bldg., etc.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. p.m. 19 While Not While fact et work et work 19 19 19 19 19 19 19 1	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO (Enter neture of injury in Pert I or Pert II of item 18.) (CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stetler, office bldg., etc.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA White Not White fect fect et work et w	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORME YES NO (Enter neture of injury in Pert I or Pert II of item 18.) (CE OF INJURY (Home, ferm, ory, street, office bldg., etc.) 19 (c), to 19 (c), that (I) (we death occurred at M, from the causes and on the date stated at 22b. D.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer Hour e.m. p.m. 19 20d. INJURY OCCURRED facility work et work	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORME YES NO (Enter neture of injury in Pert I or Pert II of item 18.) (CE OF INJURY (Home, ferm, ory, street, office bldg., etc.) 19 (a), to 19 (a), that (I) (we death occured and with the causes and on the date stated at ATTENDING MED. STAFF
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m.	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORME YES NO (Enter neture of injury in Pert I or Pert II of Item 18.) CCE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stet ory, street, office bldg., etc.) 19 (a), to 19 (a), that (I) (we death occurred at
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour e.m. 19 White Not White fact et work et work 19 19 19 19 19 19 19 1	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORME YES \(\) NO (Enter neture of injury in Pert I or Pert II of item 18.) (CE OF INJURY (Home, ferm, ory, street, office bidg., etc.) 19 (b), to (County) (Steet)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Day, Yeer While Not While 10 work 19 work	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO (Enter neture of injury in Pert I or Pert II of item 18.) (CE OF INJURY (Home, ferm, ory, street, office bldg., etc.) 1965, to 1966, that (I) (we death occurred and the form the causes and on the date stated at ATTENDING PHYS. D. PHYS. DIRECTOR PHYS. STAFF 22d. ADDRESS 705 SHERE 1998 STAFF 22d. ADDRESS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer White Not White 19 et work et work et work et work 21. certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 19 et work 19 et work 22c. PHYSICIAN'S SIGNATURE 22c. PHYSICIAN'S SIGNATURE 23c. NAME TYPOLO 23c. NAME OF CEMETERY	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO (Enter neture of injury in Pert I or Pert II of item 18.) (CE OF INJURY (Home, ferm, ory, street, office bldg., etc.) 1965, to 1966, that (I) (we death occurred and the form the causes and on the date stated at ATTENDING PHYS. D. PHYS. DIRECTOR PHYS. STAFF 22d. ADDRESS 705 SHERE 1998 STAFF 22d. ADDRESS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer Hour e.m. 19 20d. INJURY OCCURRED feel work 20d. INJURY OCCURRED feel work 20e. PLA While Not While et work et work et work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 9 19 19 19 19 19 19 19	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORME YES \(\) NO (Enter neture of injury in Pert I or Pert II of item 18.) (CE OF INJURY (Home, ferm, ory, street, office bldg., etc.) 20f. (City or town) (County) (Stet ory, street, office bldg., etc.) 20f. (City or town) (County) (Stet ory, street, office bldg., etc.) 20f. (City or town) (County) (Stet ory, street, office bldg., etc.) 20f. (City or town) (County) (Stet ory, street, office bldg., etc.) 20f. (City or town) (County) (Stet or town) (County) (Cou
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer Hour e.m. 19 20d. INJURY OCCURRED feel work 20e. PLA While Not While et work e	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORME YES \(\) NO (Enter neture of injury in Pert I or Pert II of item 18.) (CE OF INJURY (Home, ferm, ory, street, office bldg., etc.) 20f. (City or town) (County) (Stet ory, street, office bldg., etc.) 20f. (City or town) (County) (Stet ory, street, office bldg., etc.) 20f. (City or town) (County) (Stet ory, street, office bldg., etc.) 20f. (City or town) (County) (Stet ory, street, office bldg., etc.) 20f. (City or town) (County) (Stet or town) (County) (Cou
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer Hour e.m. 19 20d. INJURY OCCURRED feet work 20d. INJURY OCCURRED feet work 20e. PLA While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 19 19 19 19 19 19 19 22e. SIGNATURE 22e. SIGNATURE 23c. NAME OF CEMETERY REMOVAL (Specify) 1/1/61 10 10 10 10 10 10 10	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO (Enter neture of injury in Pert I or Pert II of item 18.) (CE OF INJURY (Home, ferm, ory, street, office bldg., etc.) 19 (b), to 19 (c), that (I) (we death occured and M, from the causes and on the date stated at 19 (c), phys. DIRECTOR PHYS. 22b. D. PHYS. 22c. ADDRESS 705 SHERLIGHT WSTR MYATISVILL OR CREMATORY 23d. LOCATION (City, town or county) (Stete) Paltimore, Mary land

which was to be the same of th

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 76 EMEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, If Institution: Rasidence before edmission) necessary, ector. Page a. COUNTY of Health, e. STATE b. COUNTY director. Page or your files. MARYLAND b. CITY OR TOWN (if outside corporata limits, ont amer c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and pive nearest town) writa RURAL end giva naarast town) for your Kom d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boar d. STREET ADDRESS e. IS RESIDENCE 24 hours after death, If any deve Pages 1, 2, and 3 to the funeral of PM3. Page 5 may be retained for a pages 1 and 2 with the State Boar Within 72 hours after death. ON A FARM? YES NO F NAME OF 3. 4. DATE Month Yeer DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE . MARRIED THEVER MARRIED 5. SEX 8. DATE OF AGE (In years | IF UNDERT YEAR IF UNDER 24 HRS. last birthday) Months Hours Min. WIDOWED DIVORCED ould be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, at Office along with form PM3. Page 5 r 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, evan if ratirad) 14. MOTHER'S MAIDEN MAME File certificate should be executed within Office along with form burial-transit permit. File U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yes, no, or unkown) (If yes give wer or datas of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if eny, which (b) gave rise to immadiate cause "pending" (1) DUE TO sase execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as its designated agent, prior to burial, cremation, or n (e), stating the underlying causa last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of Injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. 20e, PLACE OF INJURY (Homa, farm,) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) (Steta) fectory, street, office bldg., etc.) Hour e.m. Whila Not While at work et work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 😽 Inquiry X and in my opinion MEDICAL death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 30ha Kt NAME (Typa) Address (Streat, city, town, or county) NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION. 22d. LOCATION (City, town or country REMOVAL (Precify) 0 Burea OF 40 4 REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Thous 5M 7/59

ND STATE DEPARTMENT

CARLES AND RECORDED STREET HOUSE WINES AND CONTRACT OF THE PROPERTY OF THE PRO (7axa) = Same 11 4 2 and provide the second of the the start of the s

TO HOSPITAL

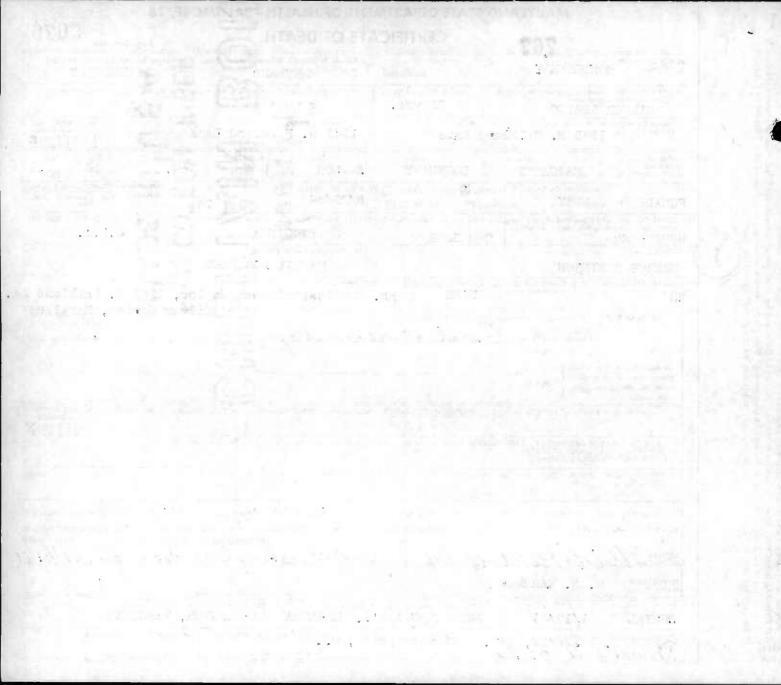
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

60762

/10	1				Keg. Dist. No	
1. PLACE OF DEATH a. COUNTY MONTGOMERY	MARYL	- CTATE	MARYLAND	sed lived. If instituti b. COUNTY		
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) SILVER SPRING	c. LENGTH OF STAY II		TOWN (If autside con		URAL ond give ne	arest town)
d. NAME OF HOSPITAL (If not in haspite or Institution 1543 N. F	, give street address) alkland Lane	d. STREET 1543	ADDRESS N. Falklan	d Lane	1	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) MARGAR	First Middle ET LOCKHART	BAYLOR	4. DATI OF DEAT	TAN		.6 Year
FEMALE 6. COLOR OR RAI	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	0/23/0		9. AGE (In years lost birthday) 76 yrs.	Months Doys	Hours Min.
Oa. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti HOMEMAKER	rk done 10b. KIND OF BUSINESS OR red) OWN HOME		VIRGINIA	country)	12. CITIZEN O	F WHAT COUNTR
3. FATHER'S NAME			S MAIDEN NAME			
MONROE ROBINSON		M	ATTIE LOCK	HART		
5. WAS DECEASED EVER IN U. S. ARMED II (If yes, give wor or dates	of service) NONE	Mr. Charle	s McIntosh	Baylor, 1	1543 N. F	alkland
Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	(b)	Hemorr	/			Aus.
PART II. OTHER SIGNIFICANT C	ONDITIONS <u>CONTRIBUTING TO DEAT</u>			135	/EN IN PART 1(a)	PERFORMED?
PART II. OTHER SIGNIFICANT C	TH R)	CURRED. (Enter noture	of injury in Part I or F	Port II of item 18.)		
20c. TIME OF INJURY Manth, Day, Hour a.m. p. m.	Year 20d. INJURY OCCURRED 2 While Not while at wark at work	ROe. PLACE OF INJURY factory, street, office	(Hame, farm, 20f. (C	City ar tawn)	(County)	(Sto
21. I certify that I attended to alive an Journal Communication	1 1	death accurred a	LO SOAM, from	m the causes an	d an the date	
ACTUAL SIGNATURE LOTSUO CA	sdrop ma	M.D. 800) 1	Street, city or town, Drivy Les	Ever Jorn	2 Md //17
PHYSICIAN'S W. B. WAR	DROP //				/ /	
20. BURIAL, CREMATION, 22b. DATE THE BURIAL (Specify) 1/19/61	REOF 22c. NAME OF CEMET ARLINGTON N			ATION (City, town, CINGTON, VI		(State)
FUNERAL DIRECTOR'S SIGNATURE	INC. Silver S	Spring, Md.	24a. REC'D BY REG		STRAR'S SIGNATU	RE



TO HOSPITAL

ARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE, 1	18
---------	-------	------------	------------------------	----

769 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1	13	M	12	
0	U	6	U	i

C	FUNERAL DIRECTOR'S SIGNATURE	~=	Suburban Ho			Maryland REGISTRAR'S SIGNATURE	
C	remation less		COLUMN TO SHEET TO				
	REMOVAL (Specify)	= THEREOF 22c. N	AME OF CEMETERY OR		Rothords		(Stote)
_	PHYSICIAN'S NAME (Type)				************		
			W DESTROIT M	D			
	ACTUAL SIGNATURE	V. Kear	LIM ALV	AU	DRESS (STREET, CITY OF T	own, store)	1/9/6
	alive an 11 17VV	4, 1261,	, and that death	accurred at 12:30H	M, fram the caus ORESS (Street, city or t		stated above.
	21. I certify that I attend	led the deceased fran		1961, to 0		6. J, that I last sa	
MEC	p. m.		of while work		.,		
MEDICAL	20c. TIME OF INJURY Month, I	Doy, Year 20d. INJURY O		E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
	20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH	OW INJURY OCCURRED.	(Enter noture of injury in Por	TI OF POST II OT ITEM 18		
CERTIFICATION	200 ACCIDENT MAC IN DEPLATE	IO D 120h DESCRIPT HE	DAY IN HILLDY OCCUPATED	/5.4	A I 0 11 -6 'A 30		YES NO
NO	PART II. OTHER SIGNIFICA	INT CONDITIONS CONTRIBI	UTING TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE CONDITION	GIVEN IN PART 1(0) 19	WAS AUTOPSY PERFORMED?
	lying couse lost.	(c)					
	Conditions, if ony, which gove rise to immediate	(b) DUE TO		7			
	162 25	DUE TO PRE	3010711	1771			
	PART I. DEATH WAS CAU	SED 8Y: CAUSE (o)	BLECI	HZ 17.		ONSI	I AND DEATH
	18. CAUSE OF DEATH [Enter on	also also), (b), ond (c).]	10.10			RVAL BETWEEN
{Ye	1. no. or unknown) (If yes, give wor o	r dates of service)	one me	Then.	50 47 B	radles B	Porel.
15.	WAS DECEASED EVER IN U. S. ARI		SECURITY NO. 17. IN	CORMANT	marie	Address	
13.	R. A. D. D.	2.4	2 ++	14. MOTHER'S MAJOEN NA	ME /	A. 1.	9
12	FATHER'S NAME		hone	Suf Hosp. 1	narylana	L 1 4.	5
100	. USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b, KIND Of	F BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF	WHAT COUNTRY?
17	emale n	WIDOWED [DIVORCED [January 3,	1961 lost birthd	yrs. Months Doys	Hours Min.
-	SEX 6. COLOR O	OR RACE 7. MARRIED 1	DENIS NEVER MARRIED 8 8	e Dennett	TU	ears IF UNDER 1 YEAR oy) Months Doys	19 6 / IF UNDER 24 HRS.
	NAME OF DECEASED (Type or print)	First	Middle	0	OF DEATH	Month Day	,
L	Sub	urban H	ospital	504	7 Brade	up Block	YES NO 2
	d. NAME OF HOSPITAL (If not in h	ospital, give street address)		d. STREET ADDRESS	- SEARCE	10	. IS RESIDENCE ON A FARM?
	RURAL and give negrest town)	a da	OII OI SIAI III II	H	Both	THE ROUNT ONG GIVE HEE	est lown)
-	b. CITY OR TOWN (If outside corpo	tgomery	MARYLAND GTH OF STAY IN 16	maryland c. CITY OF JOWN (If out	t, mo	ntomer	
	PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (When	deceased lived. If ins		e odmission)

2074182XV2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE; 16

	TE OF DEATHS	ADRITRED	, B	
	ytatti) prodo			
				Marie Santa est Marie Santa est Marie Santa est
			The Boltzman	
DUTALISM.				
				100
active and will not facilly and the second of				yalles 1 .5
	grant of the			
		THE PARTY OF		
School Shirt A F T Bu	The Digital of			

3.75

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

66764

		770	CERTIFICA	IE OF DEATH	1					0 1
	PLACE OF DEATH a. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (W. O. STATE DISTRICT O		1 001111	on: Residen	ce before	odmissi	on)
	RURAL and give neg		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		te limits, write R	URAL ond	give near	est town	-
		Kural)	1 day	Washington				-		
	OR INSTITUTION	L (If not in hospital, give street	oddress)	d. STREET ADDRESS				е		FARM?
	U. S. Nava	L Hospital		134 Madiso		t, N.W.			YES	NO X
	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mon		Day		eor (3
-	(Type or print)	Michael	Raymond	BIVENS	DEATH		IF UNDER	16		9 61
	SEX	6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	,	. AGE (In years lost birthdoy)	Months	Days	Hours	Min.
	ale	Caucasian WIDOWE		1-15-61		yrs.	10 6171	T501051	AULATO	OLINITRY
100	during most of worki	N (Give kind of work done 10b. ng life, even if retired)	KIND OF BUSINESS OK INDU			ntry)			WHATC	OUNTRY
12	FATHER'S NAME			Maryla				JSA		
		EMIC								
—	Ted E. BIV		SOCIAL SECURITY NO. 17.	Joyce A. F	TOUDILL	Add	ratt	-	-	
100	is, no, or unknown) (H	f yes, give wor or dates of service)					above			
\vdash	NO CAUSE OF PEAR			led E. Bive	سه رمان	c as TZ	above		RVAL BET	TAVE EN I
		H [Enter only one couse per line.] H WAS CAUSED BY:	ne for (0), (b), ond (c).	m 1.	9	-			FAND	
	7	MMEDIATE CAUSE (0)	Fyland 1	Rembran	2	sease	_	1	4	an
	1 1 -	DUE TO	p +:	7					20	11
1	Conditions, if on gove rise to im		remaluri	ly .					2/	24
	couse (o), stoting th			0						
7	lying couse last.) (c)				40.10171011.011	(F)	- 1/ 1/10	14/4.5.4	LITOREY
CATION	PART II. OTHE	er significant conditions <u>c</u>	CONTRIBUTING TO DEATH BU	NOT KELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PAK		PERFO	RMED?
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	n Port I or Port I	I of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	While		ACE OF INJURY (Home, far ctory, street, office bldg., el		or town)	(<	County)		(Stote
		(X (this haspital) attended alive an Jan. 16			(SPM	Jan. 16				we) las
	220. SIGNATURE	/		dedili dicorred di		ile edeses di	id dir iiic	daic		
	XA	wrenny Ly	Lhome_		MED. DIRECTOR	STAFF PHYS.		1	-17-	DATE SIGNED
1	22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS				AIT		
		awrence G. THOR	RNE, LT, MC, U	SN U.S. Nav	al Hosp	ital, B	ethes	da, l	Md.	
230	a. BURIAL, CREMATION	N. 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATIO	ON (City, town,	or county)		(Stote	e)
	Burial-Shi	pment 1-17-61	Benet Chap	el Cemetery	South	Shore	Ke	entu	cky	
24.	ELINERAL DIRECTOR	SIGNATURE	A ADDRESS	250 PEC	C'D BY REGISTR	AR 2Sb. REGI	STRAR'S SIG	SNATUR	E	
R	A Pumph	rev Funerla Hom	ne. Bethesda.	Md DATE	N 1 9 '61	Ont	Lun S. 9	Trava		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removol, and in any event, within 72 hours after death. TO HOSPITAL VR A15 (4) 1SM 9/S9

051202×12

ter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

		220	
Discrete of Consumption		The state of the s	L SMILL
Approximation of the control of the		(4.1.)	Dagiton.
		Included for d	
	hmumysu	Indiohi I	
		distriction	oZ:W
Manager and the second	gris and an internal day	500 eta 000 699 611	
		BLVESS	
The A. Stevens, during as schools . A feet	(4)		011
	15 mg		
		E6	
. I. S. Marent Eremann, Samoon, J. Mus. F. V.	at e e e e	ACTURE G. SA	
Control of the contro	- 1	ides (Zell rame loc) sin effective to see	

cute the cafficate,	forworded to the C	TO FUNERAL DIRECTO	or removal.
/S. A			5)
SM	9/	55	
		13	

		NT OF HEALTH—BALTIMORE, 1 CERTIFICATE OF DEATH	8 Reg.
ກອກາ	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution states and b. COUNTY	on: Res
	10110011100011111111111111	G1994 G1 TG115 . 115	

PLACE OF DEATH a. COUNTY Mont										
Mont							ed lived. If institu	Y		
L CITY OF TOWN !	gomery		MARYLA		: lan			Mont	gome.	T-44
b. CITY OR TOWN (If and give nearest fown)		RURAL	c. LENGTH OF STAY IN				orate limits, write	KUKAL ond	give neares	i townj
	·	6 and in hos	pitol, give street address)	d. STREET	ADDRESS	Te		0 1		IS RESIDENCE
F = 0		ane	pitot, give street address)	510		orner	s Lane	1		ON A FARM?
NAME OF DECEASED	Fir	st	Middle	Los	it	4. DATE	Mont	1	Day	Year
	ARRY	M	BOLTON		4.47	OF DEATH	Januar:	v 12,		19 61
. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRT	Н		9. AGE (In years last birthday)	IF UNDER		NDER 24 HRS.
Male	White	WIDOWE	DIVORCED 7	11/16/	1900		60 yrs.	Months [Days Hou	urs Min.
during most of working	N (Give kind of work life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	DUSTRY 11. BIRTHPL Mers	ACE (Stote	or foreign co	ountry)		EN OF WE	IAT COUNTRY
3. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME				
James Bo	lton			Eliza	beth	John	son			
5. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INFORMANT			Address	45		
Yes, no, or unknown)	(If yes, give war or dales of	service]		Frances	L. E	mswil	er-Tte	# 2		
18. CAUSE OF DEAT	H [Enter only one cau	se per line	for (a), (b), ond (c).]						INTERVAL B	ETWEEN
	H WAS CAUSED BY:	Co	ronary Occ	lusion					Sudo	
426 DUE TO									1200	
Conditions, if or	* June 1								1 32	
gove rise to immed	iale couse									
(o), sloling the u	nderlying (c)								100	
PART II. OTH		DITIONS CO	ONTRIBUTING TO DEATH E	BUT NOT RELATED TO	THE TERMI	NALDISEASE	CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY
É		1,195							YES [RFORMED?
PART II. OTH 20a. EXTERNAL CAU PRIMARY II or CON CAUSE OF DEATH.	SE WAS 20	b. DESCRIBI	HOW INJURY OCCURRE	D. (Enter nature of in	njury in Part	I or Port II	of item 18.)			
PRIMARY OF CON	TRIBUTING []									
20c. TIME OF INJUR Hour a. m. p. m.		While	Not while	PLACE OF INJURY (foctory, street, affice	Home, form bldg., etc.	20f. (City	or tawn)	(Cou	nty)	(Stote)
	19		rk ot work							
		_	emoins described		Autapsy	/ <u> </u> , r	spection 🔣,	Inquir	ar ar	nd find that
death resulted	from: Noturol	couses	, Accident ,	Suicide [, F	lomicide	, Ur	determined of	ause .		
	7 0	0	1 1						DA	TE SIGNED
ACTUAL SIGNATURE	rank &	134	sorhact	M.D. CHIEF A	MEDICAL EX	AMINER			-	12 3101123
EXAMINER'S	. (/					AL EXAMINE			19 . 3	
NAME (Type)	ank J. B	rosch	nort	DEPUTY	MEDICAL E	EXAMINER [3%		1/12	1/60
20. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATORY	1	22d. LOCAT	ION (City, town,	or county)	(Stole)
Burial	1/14/61		Potomac			Poto	mac. M:	arvla	nd	
3. FUNERAL DIRECTOR	s signature eler Fune	mal	ADDRESS Home		24a. REC'E	BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATURE	

	C GOLDEN			
				100 020
	No. 10	Thursday Done		
and the second				
			and the second	

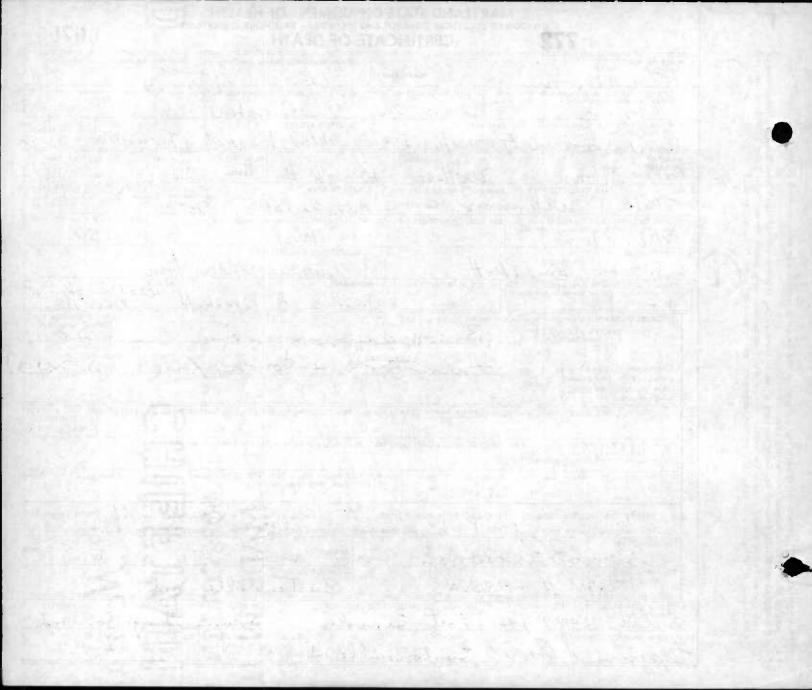
TO HOSPITAL

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	0	My	13	1
0	G	4	U	1)

)	1. PLACE OF DEATH o. COUNTY	romen.	MARYLAND	2. USUAL RESIDENCE O. STATE	E (Where deceased lived	I. If institution: Reside b. COUNTY	ence before admissi	on)
	b. CITY OR TOWN (If outst	d) corporote limits, write town)	c. LENGTH OF STAY IN 16	Ulas	N (If outside corporate li	mits, write RURAL ond	4-1%	-
	d. NAME OF HOSPITAL (IN OR INSTITUTION	Not in hospital, give street Fou	oddress) onlation Inc	d. STREET ADDRI	Berkel	ey Terrae	Mu e. IS RESI ON A YES [
¥	3. NAME OF DECEASED (Type or print)	First	Wallace	Bracket	4. DATE OF DEATH	Jan.	6 1	961
	s. sex male 6. c	Whate WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	ABY, 2,	1865	t birthdoy) Months		Min.
	100. USUAL OCCUPATION (G during most of working, lif M.D., Nets		KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE	(State or foreign country) 12.CI	PLSQ,	OUNTRY?
1	13. FATHER'S NAME	70 /1	1/	14. MOTHER'S MAI	DEN NAME	.//		
	James	Brocke	#	Luco	na Hay	nilton	- /	1
/	15. WAS DECEASED EVER IN U	give war or dates of service)	SOCIAL SECURITY NO. 17.	Tames	R. Brook	1. H 475	1 Berker	ley le
		Enter only one couse per li	ne for (o), (b), and (c).])	\		INTERVAL BET	WEEN DEATH
	LA alm	DUE TO	120000	opener	morre		20	a
	Conditions, if ony, w	think \	Sain at	The Art	Corch &	Lie	32	un
	gove rise to immed couse (o), stoting the <u>ur</u> lying couse lost.		70000		1			
>	PART II. OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE	TERMINAL DISEASE CON	NDITION GIVEN IN PA	ART 1(6) 19. WAS A PERFOR	AUTOPSY RMED? NO 🔀
	200. ACCIDENT WAS UN OR CONTRIBUTING C	AUSE OF DEATH	CRIBE HOW INJURY OCCURE	ED. (Enter noture of inju	ery in Port I or Port 11 of	item 18.)		
	20c. TIME OF INJURY MA	onth, Doy, Year 20d. II While of wor	Not while f	LACE OF INJURY (Home octory, street, office bld		own)	(County)	(Stote)
	21. I certify that (1)	(this hospital) attend	ded the deceased from	9-10	, 1957 to Ta	196	/_, that (1) (v	we) lost
	saw the deceased o	olive on Jan	1_196/, and that	deoth occurred of	8:3.M, from the	couses and on th		
4	220. SIGNATURE	(2/01 -		ATTENDING	MED. ST	AFF IYS.	722b	SIGNED
1	22c. PHYSICIAN'S NAME (Type)	V D PAR	SONS	M.D. PHYS. 22d. ADDRESS	DIRECTOR PH	115.	_ &cv.6,	1/6/
	23a. BURIAL, CREMATION, 2	3b. DATE THEREOF	23c. NAME OF CEMEIERY	OR CREMATORY	224 IOCATION	(City, town, or county) (54-4)	-1
	BEMOVAL (Specify)	AN.9 1941	Fort Si	neoln	Prine	a George	Co. n	1
	24 FUNERAL DIRECTOR'S SIG	J. Backer	Say tono	4 /	REC'D BY REGISTRAR TE JAN 11 '61	25b. REGISTRAD'S S	S. Hours	
			8					



CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whara dacaasad lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, write BURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerast town) þ .⊑ Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM YES NO D pletely NAME OF DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) WIDOWED 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) physici done during most of working life, even if retired) 45WX 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wefordates of service) 18. CAUSE OF DEATH |Enter only one ceuse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) Not While fectory, street, office bldg., etc.) While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from.... 19.6 /, and that death occurred 6/25/M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR death. Page 4 M.D. 22c. PHYSICIAN'S 22d. ADDRESS director, p 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Boonsboro, Maryland 4/6] Boonsboro Cemetery 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bethesda, Maryland 15M 9/60 DATE JAN 5 arthur S. Fraus

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

			VIIIV TO THE
1000			
	1.44		
		AND THE PARTY OF T	Aur A
	AND AND AREA		
		1. A. 18. 42 . Yell	
March 191 March 187			
	a vistama, gaodan		
	and, Merylandtx	equal Asalitation in	

24 hours after

TO HOSPITATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed very 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

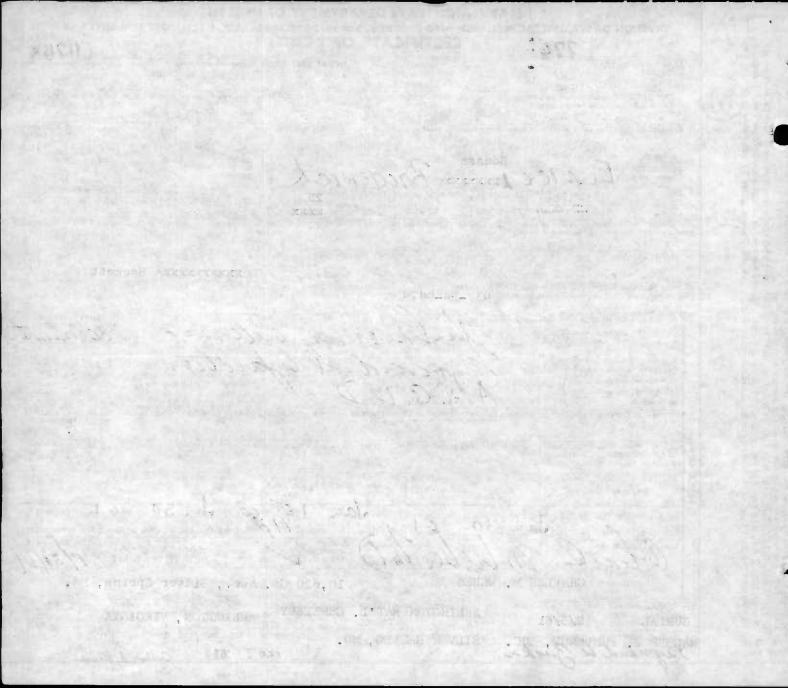
14	MAR	YLAN
1 3/1	DIVISION OF STATISTICAL RESE	ARCH A
1.11	mm v	CI

D CTATE DEPARTMENT OF HEALTH

MA	CILAND STATE D	EPARIMENI OF	NEALIN	
DIVISION OF STATISTICAL RES	EARCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE 1, MA	RYLAND
per per ar	CEPTIFICAT	E OF DEATH		

1/4	(.176%
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission)
a. COUNTY	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give nearest town)	C. CITT ON TOWN (II obiside corporere minis, while NORNE and give motors town)
TAKOMA PARK 10 days	Silver Spring >5
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
White the state of	ON A FARM? VES NOW!
Washing-low Janitarium + Hospiki	11 /2304 134464 /60161
3. NAME OF First Edessa Middle	Last L 4. DATE / Month. Day Year
(Type or print) LUNICE Expansion Proc	PERIC \ DEATH / 30 196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BURTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
THE PROPERTY OF THE PROPERTY O	last birthdey) Months Deys Hours Min.
「一色 本子なり本記 WIDOWED DIVORCED	3 - 30000k - 72 68 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife own home	Mass. 41.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Lowell	Make/ xxxxxxxxx Hackett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyes give wer or detes of service) 439-24-9479	4 71 2 1.
0-0	1703p1/a/ / ECOZOS
18. CAUSE OF DEATH [Enter only one ceuse per line (1), (b), end (1).]	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ends Offone 30 money
DUE TO	1:00 hetter
Conditions, if eny, which	and againers
geve rise to immediate cause (a), stating the underlying DUE TO	
cause lest.	
(6)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIB	PERFORMED?
3	YES NO
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. Pl Hour a.m. While Not While at work at work	
	10. 15 mile + 30 m/a h 1000 m
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on the 19 9 19 6 and the	at death occured at
220. SIGNATURE	22y. OAT!
11/1/ 11/2 /20 /20 /20 /20/	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
Co cranxes of the care on	22d. ADDRESS
22c. PHYSICIAN'S NAME (Type) CHARLES M. WEBER	10,620 Ga. Ave., Silver Spring, Md.
Oldstand III waster	10,020 da. Ave., Silver opring, na.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CENTIER	Y OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
BURIAL (Specify) 2/3/61 ARLINGTON NAT	L. CEMETERY ARLINGTON, VIRGINIA
THE SILVER SILVER SPRING	MD. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
(Xaymond W. Biska	DATE FEB 7 '61 Outling & House
	Allahari A Transa

Orthur & Krous



CERTIFICATE OF DEATH

10760

-						<u> </u>	
_	1. PLACE OF DEATH			2. USUAL RESIDENCE (WI			pefore admission)
DA		lontgomery	MARYLAND	o. STATE Maryl	Land b. cc	Mont	gomery
IAI	b. CITY OR TOWN	(If outside corporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give	nearest town)
/	RURAL ond give	Chase		54 Chevy	Chase		
	d. NAME OF HOS	PITAL (If not in hospital, give	street address)	d. STREET ADDRESS	0		e. IS RESIDENCE
	OR INSTITUTIO 4102	Woodbine St	reet	4102	Woodbine	Street	ON A FARM? YES NO N
1	3. NAME OF	First	Middle	Lost	4. DATE	Month	Day Yeor
1	(Type or print)	Helen	Virginia	Brooke	OF .	Jan.	16 1961
	S. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In		EAR IF UNDER 24 HRS.
	Female		IDOWED DIVORCED	July 3, 19	916 dast birth	yrs. 6 I	Hours Min.
	10a. USUAL OCCUPA	TION (Give kind of work don	e 10b. KIND OF BUSINESS OR INDU			12. CITIZEN	OF WHAT COUNTRY?
	None None	orking life, even if retired)	None	Viro	ginia	US	
	13. FATHER'S NAME		Hone	14. MOTHER'S MAIDEN		00	
)	Eme	mcis C. Bro	oko	Mary A	A. Wilson		
/		VER IN U. S. ARMED FORCES		NFORMANT	. WITEOU	Address	
	(Yes, no, or unknown)	(If yes, give war ar dates of service		manaia (I	Omooleo Tr	Protho	m sama 2
	NO CAUSE OF S	DEATH IC.		rancis C. I	brooke, Ji		INTERVAL BETWEEN
		DEATH Enter only one couse	per line for (o), (b), and (c).	al Ain			ONSET AND DEATH
		IMMEDIATE CAUSE (o)	Mornosis	of sive			6 mo
	5	DUE TO	1 -1.		1-		7
	Conditions, if		Gevere Hou	morninge	nose		3 mil
	couse (o), stoti	DUE TO					
	lying couse lo						
	PART II.	OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	ON GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
		solood C	lotting pour	k-			YES NO
	20g. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING 20	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item	18.)	
		FY MEDICAL EXAMINER)					
_	Y 20c. TIME OF INJ		6-	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(Cour	nty) (Stote
	Hour o. r	10	While Not while of work of work	ciory, sireer, ornee biag., en			
	21 I certify t	hat (1) (this hasnital) of	attended the deceased fram.	Freu 16 10	54 10 Jon.	16 1961	that (I) (we) las
		eased alive an Lan	.0 / . /	death accurred at 5			
	22o. SIGNATURE		O O O	Jedin accorred at \$2.2.	g.m., fruin me cuos	es and an me a	22b, DATE
		Geber B	Rude	M.D. PHYS.	NED. STAFF	7 1/1	6/61 SIGNED
	22c. PHYSICIAN		77	22d. ADDRESS	1/1/	7	1 11 111
	NAME (Type	Gilbert	OKUde	37	00 17/11	19411 10	T.W.WK
	23a. BURIAL, CREMA	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City,	town, or county)	(Stote)
	REMOVAL (Spec					77.5	
	BUTIAL 24. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	Cemetery ZSo. REC	D BY REGISTRAR 258	REGISTRAR'S SIGNA	TINIA ATURE
	Robert	A. Pumphrey	Bethesda, Ma	ryland		0 1 . 8	
	the second secon			J - TILL UAIL	TROLL K'DI	1 1 1 1 1 1 1	77 12 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Ever death. Page 4 led by the haspital or attending physician.

TO HOSPITAL VR A15 (4) 1SM 9/S9

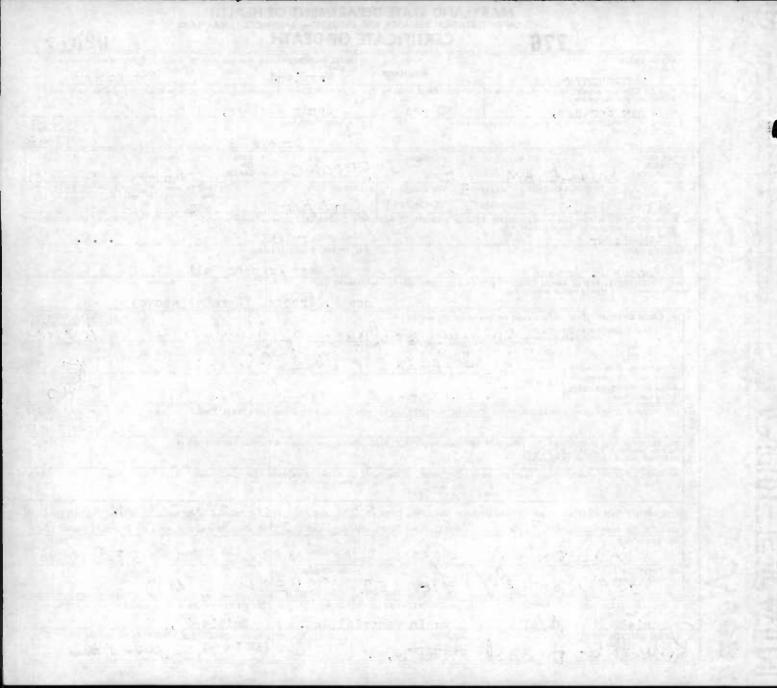
transcouraged ba	Arrest		vinnogino	
18.540	wybifft (-		chago	gyada
a savate un kibas	1 SCIP	265	718 saldbook	COLE
tor of the sec	Moosa	ambarty	metal	
TO S. AU	121 . 7 - 1M.			
25 al.				
	A view		nels.C. Sroc	eri
colo, irprotoce-same 2	and a stoom	the same		
			363 Y W	
Markenga, "inghild.	Ter (year) awar	Warrencon (Ta/SE/et	Galaine .
	in Lonally	Bealtenan, Mit	A. Piscohrey	

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 776

02017

						-	
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Wh		ived. If institution b. COUNTY			ian)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	Maryland		te limits write RI	Montgome		1
RURAL and give nearest tawn)		13			store one groom		
d. NAME OF HOSPITAL (If not in hospital, give street of	30 yrs	Sandy Sp	or ings,	Md		e. IS RESI	IDENCE
OR INSTITUTION	20010007					ONA	FARM?
			ke Rd				-
3. NAME OF DECEASED (Type or print)	Middle	BROOKS	4. DATE OF DEATH	Moni Janu	arv 3	1 1	fear 19 61
5. SEX 6. COLOR OR RACE 7. MARR	IED T NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years last birthday)			
Male Col WIDOWE	DIVORCED	1/4/1887		7/3 yrs.	Months Days	Haurs	Min.
10a. USUAL OCCUPATION (Give kind af work done during mast af warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign cour	ntry)	12. CITIZEN C	FWHATC	OUNTRY?
Minister		Marylan	nd		U.S	-A-	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME				
Thomas H. Brooks		Marsr Fr	ances	Hall			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Addr	ess		
(Yes, no, or unknown) (If yes, give wor or dates of service)	R	losa A. Brooks	Same	e as abo	ve)		
Canditions, if ony, which gave rise to immediate cause (a), stating the under. lying cause last.	were pose	Resent To The Court	brenz Varerz	beris +	01	eys	
CATIO	V		,	3, 1246	EN IN PART 1(0)	PERFO	RMED?
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Part I or Port I	I af item 1B.)			
Hour o. m. While		ACE OF INJURY (Home, form ctary, street, office bldg., etc		r tawn)	(County)	(State)
21. I certify that (I) (this haspital) attend	led the deceased fram.	4 June 18	60, 10 3	1-100	, 19.6/_, 1	hat (I) (v	we) last
saw the deceased alive an 311	19 <u>61</u> , and that a	leath accurred at 2 A	M, fram th	ne couses an	d on the dat	e stated	abave.
220. SIGNATORE Jelen Booley	Zuenler		ED.	STAFF PHYS.	3 Fel	196	SIGNED
22c. PHYSICIAN'S NAME (TYPE) HN BOSLE	DECLE	R OLNE	Y	MI			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1.73/61	23c. NAME OF CEMETERY O	r CREMATORY	21d. LOCATIO	land	or county)	(Stote	e)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRA		TRAR'S SIGNAT	URE	
Kellert L. Ana me	Rockville.	Md DATE	FEB 1 4	61	arthur S. 1	Knus.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

66370

perfore admission	anl
nearest town)	
X-2	
e. IS RESID	DENCE FARM?
YES 🔲	
Day Ye	eor
20 19	9 61
EAR IF UNDER	R 24 HR
71 110013	Will.
OF WHAT CO	DUNTRY
SA	
bove	1111
INTERVAL BETY	WEEN
l vr	
o) 19. WAS AL	LITOPS
PERFOR/	RMED?
LES [X	NO L
nty)	(Stot
ate stated o	
226.	SIGNE
1-51-6	oT_
ма	
(Stote)	
	18
MA	
V	that (X) (vate stated 22b 1-21-6 , Md. (State /irgin:

TO HOSPITAL S. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours for death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corban pagers. Pages 1 and 2 shauld be filed with the Stole Board of Health priar to burial, crematian, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59

	Carte	Data Carel		y-sarang M
		novide))	ayAb E	Brobauda (Augra)
*		Espanos parece.		J. S. B vol banding
	OS Yestradi	RADUORE	anof	nud
	THE RESERVE	81-1-9	Comment of the	dalanous2 oldi
	L VEU	Jey York	- Insurance	names of
		deaff .I deales		MARIOUGHE C'Estroll
	Jun. 20 01 01	Total Total	10 06	.000
10-1				
	ital, Brancia, ital	USU S. Hovel Bles	ود و ود الم سيل وي م رو نم ودخ م	IURKERO AN AR
	and the second			A

Pagaroy Fasted Bons, Chiron Spring, 181.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) IS RESIDENCE ON A FARM? 3002 Rodman Street, N.W. YES NO Day Month Year 61 Janua ry 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. Wilhelmina Mueller Address INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPS PERFORMED? YES NO X (Stote) (County)

and that death occurred of The a.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

22d. LOCATION (City, town, or county)

Washington.D.C

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JAN 2 6 '64

.Hine s

anthun S. Kraws

1961, that I last sow the deceosed

(Stote)

Control of the contro The state of the s - Licea Lastq of the last of T Steady To the service of the service APART THE PART OF and the second of the second s 1.35 to 12 t

FOR STATE HEALTH DEPT.

1

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours efter death, if any designate please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with forget MS Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated egent, prior to burial, cremation, or removal, and in any event within 72 hours efter death. VS. A15ME

5M 7/59

		MARY	LAND STAT	TE DEPAR	TMENT OF	HEALTH	
Division	of STATIS	TICAL RESEAR	CH AND RECO)RDS, 301 V	V. PRESTON S	TREET, BALTIMO	RE 1, MARYLAND
	779	MEDICAL	EXAMINI	R'S CER	TIFICATE	OF DEATH	107

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution	n: Rasidanca bafore admission)
menta MARYLAND	a. STATE Marvland b. COUNTY M	ontgomery
b. CITY OR TOWN (if outside forporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	
write RURAL and give nearest town)	Silver Spring	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva street address)	d. STREET ADDRESS	e. IS RESIDENCE
5502 Glenwood Rd.	# 8800 Plymouth Street	YES NO
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) Elsie M Ben	DEATH 1	17 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE IN years IF UNDE	R YEAR IF UNDER 24 HRS.
	April 13, 1893 67 yrs. Maghs	Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)		CITIZEN OF WHAT COUNTRY?
Housewife	Maine	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John M. McLaughin	Libby (Unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	
No 005-32-2387A	Mrs. Barbour-daughter	
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY I COMMANY OF	cheson	SINSET AND DEATH
420 DUE TO		and I want
Conditions, if any, which (b)		Just
gave rise to immediate cause (a), stating the underlying DUE TO		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	
DIA CONTRACTOR OF THE CONTRACT		YES NO
	inter nature of injury In Part I or Part II of item 18.)	7
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA		ounty) (Stata)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. p.m. 19 at work at work	ory, streat, offica bldg., atc.)	
21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry ,	and in my opinion
death resulted from: Natural causes . Accident . Suici		
	CHIEF MEDICAL EXAMINER	
ACTUAL TAY O Browney	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S -		7-61
NAME (Typa) FLANK J. 13 LOSCH 2nt	Address (Streat, city, lown, or county)	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Spacify)		try) (Stata)
Bur-Transit 1/18/61 Bab View Ce	metery S. Portland.	Maine
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE
Robert A. Pumphrey Bethesda, Mar	yland DATEJAN 19'61 Gothug	? King

AMAZED SON DENDROZAD DENDRE DOMESON DO CAMBROS SONO MORSINGO DE LA COMUNA DE TARE REPORTED THE REPORT OF THE PARTY OF THE Distribution of the contract o with month of the 1000 Service and Service and Silver Spring to restrict danger I case and the second second services to the state of the state of emole white sex grien leus eriffe. (macmins) John M. Wellaufahr 005-32-25aov hrs. sarbour-daughter Pur- transit 1/18/01 | Dath View constant 1 2 . Forther, Paine Robert A. Pumbhrey Detheute, Arryland Hage Julia

with director

be filed

should

ond . =

> Poges death

papers. campl

after

haurs

25

filled

puo pau

physician Car 2

attending please

à

signed

has

certificate the

this p

for After

0 00

bur

physician. **burial-transit** been

attending

5 Use

per

remove

certificate

funeral

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND Montgomery Marvland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest tawn) Chevv Chevy Chase Chase d. NAME OF HOSPITAL (If nat in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4616 Ches Chevy Chase Blvd 4616 Chevy Chase Blvd. YES NO 4. DATE NAME OF Middle Year Month DECEASED Oliver F Busby 15 DEATH Jan 19 61 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH S. SEX lost birthdoy) Months Haurs Male White WIDOWED X DIVORCED | Jan. 1879 82 yrs 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Lawver Law Texas US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Busby Unknown 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address No Unknown Katie B. Busby-daughter-same INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY amary IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Hour o.m.

p. m.

Year 20d. INJURY OCCURRED Not while at work of work

20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) factory, street, office bldg., etc.)

(County)

_, that (I) (we) last

(Stote)

SIGNED

21. I certify that (1) (this haspital) aftended the deceased fram. saw the deceased alive an 22a. SIGNATURE

ATTENDING PHYS. M.D.

DIRECTOR . PHYS.

, and that death accurred at 3.3. M. fram the causes and an the date stated above

22b. DATE

22c. PHYSICIAN'S NAME (Type)

22d. ADDRESS

23d, LOCATION (City, town, or county)

(Stote)

23g. BURIAL CREMATION.

23b. DATE THEREO

Cedar

Suitland 250, REC'D BY REGISTRAR

Maryland 256 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrev

Bethesda, Maryland DATE

23c. NAME OF CEMETERY OR CREMATORY

VR A15 (4) 15M 9/59

detached FUNERAL DIRECTOR: by pe 3 shauld page the Sta 0

etro.			1925	
rantoatino	bas fore		7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
7 . 13	Deepy (base 31		uy Chise e Siry	ean olbe
			209110	
	58 V581 65	L.nst.	as Mile	
	3.5			
			Sustry	miol.
	seuduja 5 - yosud			
20/41/T				
ing the second			76\7.7\4	Intrus
			A. Pumpirer	

TO HOSPITAL CANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B

			STATE DEPAR						()	1 1 1 1
	78	1	CERTIFI	CATE OF	DEATH			Reg. Dist.	No.	677
1. PLACE OF DEATH a. COUNTY			MARYLAN	a. STATE	SIDENCE (Whe	re deceased live	d. If institution	n: Residence		
b. CITY OR TOWN	Montgomery (If autside carporate lim	its, write	c. LENGTH OF STAY IN			tside carporate	limits, write RI			
RURAL and give			07 yma		kerson					
d. NAME OF HOS OR INSTITUTION	on — — Rural PITAL (If nat in haspital, o	give street ac	93 yrs		ADDRESS	-Kul al			01	RESIDENCE N A FARM
NAME OF DECEASED (Type or print)		rst	Middle	tler	Last .	4. DATE OF DEATH	Man	3	Day 20	Year 19 6 :
5. SEX	Charle	-	pates But		RTH		Janua GE (In years	IF UNDER 1		
Male	White	WIDOWED	V	Inn	11-186		standay)		ays Hou	1
							yrs.	10 617176		7.00
during most of w	TION (Give kind af wark arking life, even if retired	dane 10b, K	IND OF BUSINESS OK II	NDUSIKY III. BIKIH	IPLACE (State a	r toreign countr	y)		N OF WHA	COUNTR
Farm	-Owner				larylan			U.	S.	
3. FATHER'S NAME				14. MOTHER	R'S MAÎDEN NA	ME				
Charl	es M. Butle	r			France	s Spate	es			
5. WAS DECEASEDE	VER IN U. S. ARMED FOR	RCES? 16. 50	OCIAL SECURITY NO.	INFORMANT		Manual Con-	Add			- h
(Yes, no, or unknown)	(if yes, give wor or dailer or s	21	7-36-7274	George	Butler	Dicke	rson-R	.F.D.	Id	
In CAUCE OF D	1			400180						
	FATH (Enter only one co	ause per line	for (a) (b) and (c)]	400180						RETWEEN
	EATH [Enter only one co	ause per line	for (a), (b), and (c).]	deorge	-0				INTERVAL	BETWEEN ND DEATH
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c		far (a), (b), and (c).]	ry or	clu	err	~		INTERVAL	BETWEEN ND DEATH
	EATH WAS CAUSED BY:	0)	for (a), (b), and (c).]	ry or	clu	sion	~		INTERVAL	BETWEEN ND DEATH
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	D)	far (a), (b), and (c).]	y or	clu	sion is			INTERVAL	BETWEEN ND DEATH
PART I. D A 2 Canditians, if gave rise ta	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c OUE TO any, which immediate	o)o	for (a), (b), and (c).] Coronal arlera	y or	clu	sion is	~		INTERVAL	BETWEEN ND DEATH
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate g the under-	b)	a far (a), (b), and (c).] Coronal arlera	y or	elu	sio	~		INTERVAL	BETWEEN ND DEATH
Canditians, if gave rise ta cause (a), statin lying cause las	DUE TO any, which immediate g the under- t. (c	p)	arless	ny or	elu	sio	~		Sy	ND DEATH
Canditians, if gave rise ta cause (a), statin lying cause las	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate g the under-	p)	arless	ny or	elu	sio	~		S y	AS AUTOPS
Canditians, if gave rise ta cause (a), statin lying cause las	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate g the under- t. (c) THER SIGNIFICANT CON	D) D) C) HDITIONS CC	Coronal arters	BUT NOT RELATED	Clu Destri TO THE TERMIN	IAL DISEASE CO	NDITION GIV		S y	AS AUTOPS
Canditians, if gave rise ta cause (a), statin lying cause las	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate g the under- t. THER SIGNIFICANT CON VAS UNDERLYING G CAUSE OF DEATH	D) D	arless	BUT NOT RELATED	Clu Destri TO THE TERMIN	IAL DISEASE CO	NDITION GIV		S y	AS AUTOPS
PART I. D Canditians, if gave rise to cause (a), statin lying cause las PART II. O PART II. O CONTRIBUTING (IF EITHER, NOTIL)	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate g the under. t. (c) OTHER SIGNIFICANT CON WAS UNDERLYING	D) D	Coronal arters	BUT NOT RELATED	Clu Destri TO THE TERMIN	IAL DISEASE CO	NDITION GIV		S y	AS AUTOPS
PART I. D Canditians, if gave rise ta cause (a), statin lying cause las PART II. O OR CONTRIBUTING (IF EITHER, NOTIL)	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate g the under- t. CAUSE OF DEATH YAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Ye	p) D D D D D D D D D D D D D D D D D D D	ONTRIBUTING TO DEATH SECULAR STATES OF THE S	BUT NOT RELATED BUT NOT RELATED BY STEPS (Enter nature)	TO THE TERMIN and injury in Pa	IAL DISEASE CO	NDITION GIV	EN IN PART	S y	AS AUTOPS
PART I. D Canditians, if gave rise to cause (a), statin lying cause los PART II. O OR CONTRIBUTING (IF EITHER, NOTIL)	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate g the under- t. THER SIGNIFICANT CON VAS UNDERLYING ING CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Ye	DODO DODO DODO DODO DODO DODO DODO DOD	ONTRIBUTING TO DEATH SANCHE RIBE HOW INJURY OCCU URY OCCURRED Not while	BUT NOT RELATED B FALLS JRRED. (Enter nature	TO THE TERMIN and injury in Pa	IAL DISEASE CO	NDITION GIV	EN IN PART	INTERVAL ONSET A S (o) 19. W P P YES	AS AUTOP
PART I. D Canditians, if gave rise to cause (a), statin lying cause las PART II. O PART II. O OR CONTRIBUTIN (IF EITHER, NOTIL) Hour a. m p. m	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate g the under- t. ITHER SIGNIFICANT CON WAS UNDERLYING AG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Ye 19	20b. DESCR	ONTRIBUTING TO DEATH Service CONTRIBUTING TO DEATH SERVICE C	BUT NOT RELATED BUT NOT RELATED BY MEN JRREG. (Enter nature PLACE OF INJURY factory, street, off	TO THE TERMIN (Home, form, fice bldg., etc.)	IAL DISEASE CO	NDITION GIV	EN IN PART	INTERVAL ONSET A ONSET	AS AUTOPREORMED? (Ste
PART I. D Canditians, if gave rise to cause (a), statin lying cause las PART II. O PART II. O OR CONTRIBUTING (IF EITHER, NOTIL) Hour a. m p. m	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate g the under- t. THER SIGNIFICANT CON VAS UNDERLYING ING CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Ye	20b. DESCR	ONTRIBUTING TO DEATH SHEW INJURY OCCURRED OURY OCCURRED of wark of from 1	BUT NOT RELATED BUT NOT RELATED PLACE OF INJURY factory, street, aff	TO THE TERMIN TO THE TERMIN (Home, form, fice bldg., etc.)	AL DISEASE CO	NDITION GIV	EN IN PART (Ca	INTERVAL ONSET A ONSET	AS AUTOPREORMED NO
PART I. D Canditians, if gave rise to cause (a), statin lying cause las PART II. O PART II. O OR CONTRIBUTIN (IF EITHER, NOTIL) Hour a. m p. m	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate g the under- t. ITHER SIGNIFICANT CON WAS UNDERLYING AG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Ye 19	20b. DESCR	ONTRIBUTING TO DEATH SHEW INJURY OCCURRED OURY OCCURRED of wark of from 1	BUT NOT RELATED BUT NOT RELATED BY MEN JRREG. (Enter nature PLACE OF INJURY factory, street, off	TO THE TERMIN TO THE TERMIN (Home, form, fice bldg., etc.)	AL DISEASE CO	NDITION GIV	EN IN PART (Ca	INTERVAL ONSET A ONSET	AS AUTOPREORMED NO
PART I. D Canditians, if gave rise to acuse (a), statin lying cause las PART II. O 20a. ACCIDENT N OR CONTRIBUTIN (IF EITHER, NOTIL) Haur a. m p. m 21. I certify alive on	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate g the under- t. ITHER SIGNIFICANT CON WAS UNDERLYING AG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Ye 19	20b. DESCR	ONTRIBUTING TO DEATH SHEW INJURY OCCURRED OURY OCCURRED of wark of from 1	BUT NOT RELATED BUT NOT RELATED PLACE OF INJURY factory, street, aff	TO THE TERMIN (Home, form, fice bldg., etc.)	AL DISEASE CO	NDITION GIV f item 1B.) awn) couses an	EN IN PART (Ca thot I last d on the	INTERVAL ONSET A ONSET	AS AUTOPREORMED? (Sto
PART I. D Canditians, if gave rise ta cause (a), statin lying cause las PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIL) Haur a. m p. m 21. I certify alive on	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate g the under- t. ITHER SIGNIFICANT CON WAS UNDERLYING AG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Ye 19	20b. DESCR	ONTRIBUTING TO DEATH SHEW INJURY OCCURRED OURY OCCURRED of wark of from 1	BUT NOT RELATED BUT NOT RELATED PLACE OF INJURY factory, street, aff	TO THE TERMIN (Home, form, fice bldg., etc.)	IAL DISEASE CO	NDITION GIV f item 1B.) awn) couses an	EN IN PART (Ca thot I last d on the	INTERVAL ONSET A ONSET	AS AUTOPS AS AUTOPS RECORMED? (Sta
PART I. D Canditians, if gave rise ta cause (a), statin lying cause las PART II. O 20a. ACCIDENT VO OR CONTRIBUTIN (IF EITHER, NOTIL) Haur a. m 21. I certify alive on	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate g the under- t. ITHER SIGNIFICANT CON WAS UNDERLYING AG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Ye 19	20b. DESCR	ONTRIBUTING TO DEATH SHEW INJURY OCCURRED OURY OCCURRED of wark of from 1	BUT NOT RELATED BUT NOT RELATED PLACE OF INJURY factory, street, aff	TO THE TERMIN (Home, form, fice bldg., etc.)	IAL DISEASE CO	NDITION GIV f item 1B.) awn) couses an	EN IN PART (Ca thot I last d on the	INTERVAL ONSET A ONSET	AS AUTOP: FORMED? NO
PART I. D Canditians, if gave rise ta cause (a), statin lying cause las PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIL) Hour a. m p. m 21. I certify alive on	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate g the under. I. (c) OTHER SIGNIFICANT CON VAS UNDERLYING AG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Ye 19 that I attended the A G G Yellian C	20b. DESCR. While at wark as deceased, 19	ONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU DURY OCCURRED of work d from and that de ortens ortens ortens	BUT NOT RELATED BUT NO	TO THE TERMIN TO THE TERMIN (Home, form, fice bldg., etc.) (S., to gather the state of the st	IAL DISEASE CO	NDITION GIV f item 18.) own) Couses an city ar tawn,	(Ca thot I last d on the state)	Syll(e) 19. We pe yes	AS AUTOPSEPORMED? (State decease ded obost parts sign)
PART I. D Canditions, if gave rise ta cause (a), statin lying cause las PART II. O PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIL) 12b. I certify alive on 1 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMAT	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c any, which in, mediate g the under- t. OTHER SIGNIFICANT CON WAS UNDERLYING AG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Manth, Day, Ye that I attended the AG CAUSE OF DEATH FY MEDICAL EXAMINER) IN 19 That I attended the AG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCE 20b. DESCE 20d. INJ While at work	ONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU DURY OCCURRED OT WORK OT WOR	BUT NOT RELATED BUT NO	TO THE TERMIN TO THE TERMIN (Home, form, fice bldg., etc.) (S., to gather the state of the st	IAL DISEASE CO	NDITION GIV f item 18.) awn) Couses an city ar tawn, (City, tawn, c	(Cathot I last d on the state)	Syllon 19. We have the store of	(Sta
PART I. D Canditians, if gave rise to cause (a), statin lying cause las PART II. O PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIL) Hour a. m p. m 21. I certify alive on	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate the under. Ither SIGNIFICANT CON WAS UNDERLYING US CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Ye 19 that I attended the A J LEMBRE LYNON 19 That I attended the 19 LONN 19 LON	20b. DESCE 20b. DESCE 20d. INJ While at work	DITRIBUTING TO DEATH SHAPE OF CEMETE MONOCACY	BUT NOT RELATED BUT NO	TO THE TERMIN TO THE TERMIN (Home, form, fice bldg., etc.) To the terminal (Home, form, form, fice bldg., etc.)	AL DISEASE CO	NDITION GIV f item 18.) own) couses an city ar tawn, (City, tawn, c ville,	(Co that I last d on the state)	Syllon 19. We have the dote stone of the dote st	AS AUTOPPERFORMED? (Stormer decease d
PART I. D Canditions, if gave rise ta cause (a), statin lying cause las PART II. O PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIL) 12b. I certify alive on 1 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMAT	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate the under. Ither SIGNIFICANT CON WAS UNDERLYING US CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Ye 19 that I attended the A J LEMBRE LYNON 19 That I attended the 19 LONN 19 LON	20b. DESCE	ONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU DURY OCCURRED OT WORK OT WOR	BUT NOT RELATED BUT NOT RELATED PLACE OF INJURY factory, street, aff M.D. RY OR CREMATORY	TO THE TERMIN TO THE TERMIN (Home, form, fice bldg., etc.) To the terminal (Home, form, form, fice bldg., etc.)	AL DISEASE CO art I or Port II or 20f. (City or the DDRESS (Street, 22d. LOCATION Bealls By REGISTRAR	nDITION GIV f item 18.) awn) couses an city ar town, (City, town, c ville,	(Cathot I last d on the state)	Syllo 19. W PE YES	AS AUTOPORFORMED? (Stormed deceased deceased obordate sign)

	the second secon	F-62	
(154,053110)	partang		Trong Jro
	Pickerson-Miral	arry 50	ickersonmrai
X III = III = III			
	6		
C . washin		is die entrie	Charles
	Jan. 11-1868 93	1	ale White
.e.u	Morgland		10H C, v.H. I
	ATHLE CANADA		3.1512.111.0000001.111.21.2
	Princes Buter		- Garles M. Battler-
bH.G.R.Re	corge Butler, Dieterson	217-36-7274	o/
		- 6.5	
		4 million 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ling (v7 dt. e.			Name of the State
le, Harvland	Ilive I footi	72.200161	

the registrar priar ta burial,

VS A15 (4) 15M 9/58

CERTIFICATE OF DEATH

00775 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY M	ontgomery		MARYLA	AND	2. USUAL RESIDENCE (o. STATE D. C		lived. If institution b. COUNTY	on: Residence	before admis	ssion)
b. CITY OR TOWN (IF RURAL ond give ne Kensingte		ts, write	c. LENGTH OF STAY IN	- 11	c. CITY OR TOWN (If outside corpores		URAL ond give	e nearest tow	(n)
	AL (If not in hospitol, g	100			d. STREET ADDRESS 4627 Verp		Place,	N.W.	ON	SIDENCE A FARM?
NAME OF DECEASED (Type or print)	Jennie		Viola Middle		BYERS	4. DATE OF DEATH	JANUHI		Day 20	Year 196 (
female	6. COLOR OR RACE white	7. MARI	RIED NEVER MARRIED ED** DIVORCED	_ 1	May 14,18		AGE (In years last birthdoy) yrs.	-	YEAR IF UND	
housewif	ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDÚST	Dayton	,Ohio	intry)		U.S.A	
13. FATHER'S NAME Levi	Drama				14. MOTHER'S MAIDEN					
1S. WAS DECEASED EVER	. Byers	CES2 14	SOCIAL SECURITY NO	IN	Martha	Snoke	A dd	ess Wash	a. D.	0
	If yes, give war or dates of s		no		. Harold H	Byers,4	627 Ve	rplan	ek Pi	
Conditions, if or gove rise to in couse (o), stoting the lying couse lost.	he under-	GE	ESS ENTI	+L	AR.		SCLER			
CATIC	ER SIGNIFICANT CON	DITIONS (SENI L	H BUT H	NOT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?
O THE FITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED	(Enter noture of injury	in Port I or Port	II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While	NJURY OCCURRED 2 Not while t ot work		CE OF INJURY (Home, for ory, street, office bldg.,		or town)	(Cou	inty)	(Stote)
actual signature	. 4	19.6	De Care		, 1959, to saccurred at 5 50.	AM, fram t		d an the a	date state	
220. BURIAL, CREMATION REMOVAL (Specify)	1/23/61	F	22c. NAME OF CEMET				ON (City, town, congress)		(Sio	ote)
23. FUNERAL DIRECTOR'S S.H.Hines		01 1	ADDRESS 4th St.N.	W.,	D.C. 24a. N Wash, DATE	EC.D AY REGISTR	AR 24b. REGIS	TRAR'S SIGN		

. The Edward Marine 1 111. No. of the transfer of the fill the contract of There or . It she believe it to w. w. a. a. . with a differ The Reserve of the Property of the Party of The state of the s

1 1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
19		783 CERTIFICATE OF DEATH Reg. Dist. No. 00776
filed with	1.	PLACE OF DEATH, o. COUNTY MONTGOMENU MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY
p e g		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) RURAL and give nearest town) TAKOMA AKK
by the fund d 2 shauld		d. NAME OF HOSPITAL (If not in hospital, give street oddress) ORANSTITUTION CARROL AVE. 1424 CARROLL AVE. e. IS RESIDENCE ON A FARM? YES \(\sigma \) NO \(\sigma \)
Pages 1 and	3.	NAME OF DECEASED (Type or print) ANDREW D, H. CAMPBELL 4. DATE OF DEATH JAN 22 1961
P o		SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WHOWED DIVORCED DEC 23 1907 5 3 yrs. SEX MARRIED NEVER MARRIED B. DATE OF BIRTH DEC 23 1907 5 3 yrs. SEX MARRIED NEVER MARRIED B. DATE OF BIRTH DEC 23 1907 5 3 yrs. SEX MARRIED NEVER MARRIED B. DATE OF BIRTH DEC 23 1907 5 3 yrs.
		o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? TORONTO RAWADA United State
of G o	13.	GEORGE CAMPBELL CATHLEEN CAMPBELL
2 0		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
attending n please re t within 72		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: CARDIO RESPIRATIONY FAILURE ONSET AND DEATH ONSET AND DEATH
ed by the rmit. The any even		Conditions, if ony, which) DUE TO CORONARY THROW BOSIS
ng in		gove rise to immediate couse (a), stating the under: lying couse lost. DUE TO ASSOCIATISD MALIBUANT BRAIN TUMOR
ng physician e has been s burial-transit removal, and	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
fical fical the	L CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.)
vital ar att	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
(T (I)		21. I certify that I attended the deceased from DEC 1, 1960, to MW 22, 1961, that I last saw the deceased alive on JAN, 12, 1961, and that death occurred at 3 A M, from the causes and on the date stated above.
DIRECTOR: After the has burial, be detached priar to burial,		ACTUAL SIGNATURE WILLIAM PHUSTEAN M.D. 1/50 CONNECTION ACE 1/32/6
		PHYSICIAN'S ARTHUR P, HUSTEAD, M.D,-
FUN FOR		O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. HAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
VS A15 (4) 15M 10/57	23	FUNERAL DIRECTOR'S SIGNATURE A CONTROL DATE JAN 25 161 CANAL DE TUNE DATE JAN 25 161 CANAL S. PRANCE

HYASO TO STADISTICATE

MARYLAND STATE DEPARTMENT OF HEALTH

DATE

. IS RESIDENCE ON A FARM?

YES NO

19 6

Hours

INTERVAL BETWEEN

ONSET AND DEATH

BAFORMED?

NO To

(State)

226. DATE

(State)

SIGNED

Deys

U.S.A

IF UNDER 24 HRS.

vrs

VR A15 (4) 15M 9/60

		2 - 42 - 5-2		
		viances!		
The Abelleux, Great				
	alabane.			
76 - Aug 27 18th 76		t set all	24-19	
Timbre Total				
Deblectine Fronce				
Committee of the second of the	Shirt .			
	- Care	7 7070		

785

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

death. Page 4

VR A15 (4) 15M 9/59

e Board of	22c. PHYSICIAN'S NAME (Type) W.P. Bake
the State	23g. BURIAL, CREMATION, 23E REMOVAL (Specify)

1	1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admis a. STATE b. COUNTY District of Columbia	sian)
	b. CITY OR TOWN (If outside carporate limits, w RURAL and give nearest tawn)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town	n)
	Bethesda (Rural)	6 days	Washington 47X-3	3
	d. NAME OF HOSPITAL (If not in hospital, give : OR INSTITUTION	street address)	d. STREET ADDRESS e. IS RES	SIDENCE A FARM?
7	U.S. Naval Hospital			NO 📉
	3. NAME OF First	Middle	Last 4. DATE Manth Day	Yeor
	(Type or print) Robe:	rt Edwin	CLARK DEATH January 28	1961
	5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lef UNDER 1 YEAR IF UND lost birthdoy) Months Days Hours	1
	Male Caucasian w	DOWER DIVORCED	10-7-86 lost birthdoy) Months Doys Hours	Min.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT	COUNTRY?
	U.S. Marine Corps	Retired	Iowa U.S.A.	
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Edwin James CLARK		Bertha Inez BURKE	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES'		NFORMANT Address	
	Yes (If yes, give war or dates of service WW I		r. Philip Curtis, 708 Silver Spring, Mye.	
	PART I. DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoting the under- lying cause lost. (c) (c)	per line far (a), (b), and (c).]	Silver Spring, Mounterval B ONSET AND Drawn 1644	DEATH
)	PART II. OTHER SIGNIFICANT CONDITI		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFO YES ED. (Enter noture of injury in Port I or Port II of item 18.)	ORMED?
		. DESCRIBE HOW HAJOR! OCCURRE	E. Line Holde of Highly in 16th 15th 15th 16th 16th	
	Hour o.m.		LACE OF INJURY (Hame, farm, 20f. (City ar town) (County) ictory, street, office bldg., etc.)	(Stote)
	21. I certify that (I) (this haspital) a	ttended the deceased fram.	1-22- , 1961, to 1-28- , 1961 that (1)	(we) last
	saw the deceased alive an 1-28		death accurred 4:13 M from the causes and an the date stated	d abave.
	22c. PHYSICIAN'S	Salan	M.D. ATTENDING MED. MED. STAFF X 1-28-61	2b. DATE SIGNED
	W.P. Baker, IT, M	C, USN	U.S. Naval Hospital, Bethesda, Md.	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (Sto	ite)
	Burial 2-1-61	Arlington N	National Arlington, Virginia	
	24. FUNERAY DIRECTOR'S AGNATURE	ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	THE FUNERAL HOME, 4t	h & Mass. Ave.N.W Washington.	DAIE INN T DI CITI OF OF LA	

			185	
atom.	k 0 Zo se make		220	rajad.
	nowacineas.	85 a v	(Rurol) as	3
.8.8., 35	AUS DIRECTION		LadiqueW La	WAR JA.
Japanry 26 Mag	2017.30	niwhs	Report	
	00 - ş - 0 <u>T</u>		Cawasasad	DL4t
	In a	LiveLoufl	\$0000 F025	A .8.5
EARLE	Berein Inea		37420 504	
ud Silmr Tyrun, Mud. Alver Mares, Mu.				
	10 -12-1 H/EL:L	10 St. June	1.22	
1428-01				
.M Macked (intin	U.S. Wayed H.		Bures. (B) NO, C	
Angus, Vargade			19-1-9 - 19-13 19-13 19-13 19-13 19-13 19-13 19-13 19-13 19-13 19-13 19-13 19-13 19-13	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 78 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

60779 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	ntgomery		MARYLANI	2. USUAL RES					Mon			
	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 18	c. CITY OR	TOWN (I		porate limits,					
d. NAME OF HOSPITA			spital, give street address)	d. STREET	ADDRESS		Strea	m I	Driv	e	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin WTT.I	ut.	Middle D	CLARK «	1	4. DATE OF DEATH		Month		Day	١	fear 9 61
5. SEX			ED NEVER MARRIED				9. AGE (In ye	ears		TYEAR		ER 24 HRS.
Male	White	WIDOWE		Sept. 30	_	918	42	yrs.	Months	26	Hours	Min.
	N (Give kind of work a		KIND OF BUSINESS OR INDU		ACE (Stole		country)		12. CIT	US US		COUNTRY?
13. FATHER'S NAME William D	. Clark			14. MOTHER'S Carr		ngland	ı					
15. WAS DECEASED EVE (Yes, no, or unknown) Yes	R IN U. S. ARMED FOI (If yes, give wor or dotes of W. W. II	(enimal		Mrs. Iva	a Cla	rk-W		ddress me	Iten	n #2		
PART 1. DEAT 420, / Conditions, If an gave rise to immed (a), stating the uncouse lost.	nderlying DUE TO		Coronary (Occlusio						SI	val BETW T AND DE udd	en
CATIO			ONTRIBUTING TO DEATH BUT		100			N GIV	EN IN PAR			NO X
	TRIBUTING	b. DESCRIB	E HOW INJURY OCCURRED.	(Enter nature at in	ijury in Par	t I or Port II	l of item 18.)					
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	Whil	1 1-	LACE OF INJURY (Inctary, street, office	Home, form bldg., etc	20f. (Cit	y or town)	A.	(Co	unty)		(State)
			remains described about			-	nspectian Indetermin	-			, and	find that
ACTUAL SIGNATURE_	hans &	B	sorhact			XAMINER [DATE	SIGNED
EXAMINER'S NAME (Type)	FRANK/J	. BRO	DSCHART	DEPUTY	MEDICAL	EXAMINER	S k		J	an.	26	,1961
220. BURIAL, CREMATION REMOVAL (Specify) Burial	1/30/19		Rockville C				TION (City, It	own, c		lary	(Stol	1
23. FUNERAL DIRECTOR"			ADDRESS		24a. REC	D BY REGIS			TRAR'S SIG			
Robert A.	Pumphrey	F	Bethesda, Ma	ryland	DATE	JAN 3 C	61	(Inthun.	8. Th	alla	

VS. A15ME(5) 5M 9/55

or removal.

			ARBURTATE D		
A STATE OF THE STA		ded stable		HOOM RE	

				stant sport live	
	1 1 1 1 1 1	und .			
3 26					
ABH	onnigu			for for	Commission
	turching elan			D. Clark	maliliye
une Romer?	Iva Olarki Trte-31	ank Bi	317-08-25	W.W.11	asy
	Page of Bridge				
N	Breek kom v			S MA	
basiyran	all values in			1981/08/11	Miles
	The state of the s	Marylane	Betheada,	Pumpinger.	a President

FOR STATE HEALTH DEPT

s necessary, i director. Page or your files. to P MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any d TO DEPUTY

5M 7/59

please execute the certificate, writing the word "pending" in pencil in Item 18. Give pages 1, 2, and 3 to the funeral director 4 should be forwarded to the Chief Medical Examiner's Office along with form M3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of other or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

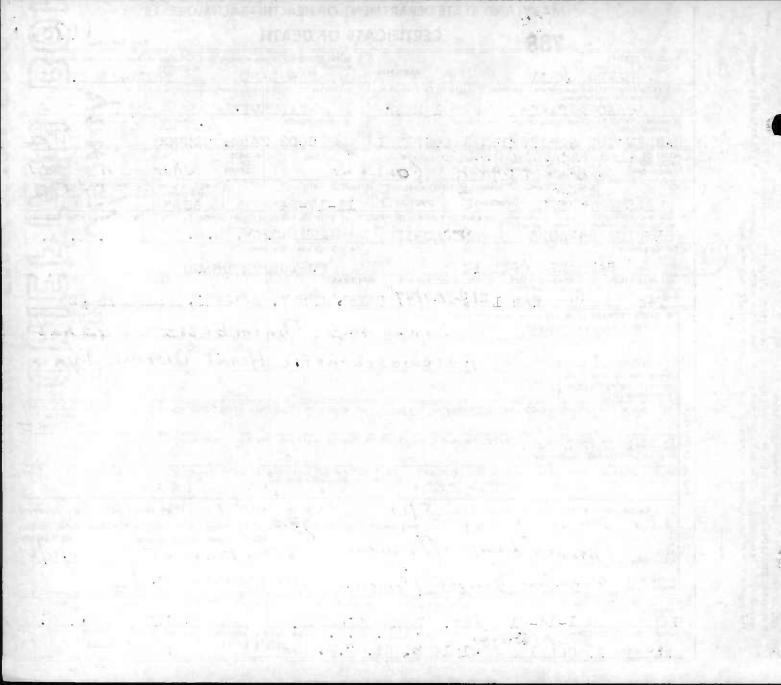
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00780

		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. STATE b. COUNTY
- 1		Montgamery MARYLAND	s. SIAIE med s. COUNTY man &
	E	o. CITY OR TOWN (if or side corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give negrest town)
		write RURAY end give neerest town)	33 1 1 1 -
		Wheaton I mo	Wheaton
	0	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
н		21,00 Bl. D'da Br	1 26 0 G Blue Ridge Cus YES NO D
	2 1	NAME OF First Middle	
		DECEASED MIDDLE	Lest 4. DATE Month Dey Year
	(Type or print) System to Cal	SEATH DEATH 1961
	5.	SEX COLOR OF RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
н			A las bithdey) Months Deys Hours Min.
		Male Twhit WIDOWED DIVORCED	4-6-1703 57 yrs.
- 1	iDe.	USUAL OCCUPATION (Give kind of work aduring most of working life, even interest of working li	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	62 1		1111 11-86
	_	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	10.	A A CO	14. MOTHER 3 MAIDEN NAME
Н		yoseph Coker	marie
			NFORMANT Address
	(Yas	no, or unkown) (Ifyes give were redetes of service)	
0		YES 1 WW IL 1215-30-2161110	bue Coker (buf) Jelie 7
		1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLONARY OF	clusion
			suam
		DUE TO	
-1		Conditions, if any, which (b)	
		gave rise to immediata causa (e), steting the underlying DUE TO	
П		causa last.	
	7	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	힐	PART II. OTHER SIGNALCANT CONDITIONS CONTINUES TO THE	PERFORMED?
	3		YES NO
	CERTIFICATION		nter nature of Injury In Pert I or Pert II of Item 18.)
9	8	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
/			
	WEDICAL	foots.	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., atc.)
	9	Hour a.m. While et work et work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	1	prints 10 brand brand	Id an Autopsy , Inspection , Inquiry , and in my opinion
		21. I certify that I took charge of the remains described above, he	
		death resulted from: Natural causes X. Accident . Suici	de, Homicide, Undetermined manner
		1.	CHIEF MEDICAL EXAMINER
М		ACTUAL TO A CANALOUT	ASSISTANT MEDICAL EXAMINER DATE SIGNED
		SIGNATURE MALLS IT IN TENTE	M.D.
		EXAMINER'S PI	DEPUTY MEDICAL EXAMINER 1 1-11-61
		NAME (Type) FLANK J. 13 TOSCHAK	Addrass (Street, city, town, or county)
	22a.		CREMATORY 22d. LOCATION (City, town, or country) (State)
		REMOVAL (Spacify)	A hall It mes Va
	0.0	FUNERAL DIRECTOR ADDRESS	24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
	23.	FUNERAL DIRECTOR ADDRESS	Cata
	6	VU Chambers Co 1400 Chape	DATAN 16'61 arthur S. Kraus

COMMENCE AND A TRANSPORT OF THE PROPERTY OF TH THE ASO NO LEADING THE STATE OF THE ASSOCIATION ASSOCIATION OF THE STATE OF THE STA

-		2	3
	B	5	P
		*	3
0		9	P
Po		Ξ.	0
24		ed	
2		Ę	Jes
=		>	0
3		e	_
Pa		0	575
5		E	do
ě		J c	ā
0		Suc.	9
þ		6	de !
e		.0	8
00		· \$	>
1		cho)	E.
e		0	e c
£		in.	Se
60		en o	00 -
P		#	σ.
he		9	en.
to		÷	F
tho		by	4
es		P	8
- 5		ug	be.
ed	Ġ.	. 2	= 7
>	cio	en	Suc
0	ysi	P	+
9	ph	o	0
F	9	0	5
Z	Ġ	oto	9
4	len	ific	#
3	ģ	ET.	So
₹	0	Ö	Se.
4	0	i.	2
9	pi.	-	P
N	100	(f)	Po -
2	4	٠.	Ch.
1	÷	200	D -
N.	px	Ĕ	Ď.
	P	SE(Pe .
0	ine	1	D
AL	D	7	0
F	P. re	RA	s t
SF	þ	Z	3
H	0	5	960
0	E	0	page 3 should be detached far use as the buriol-transit permit. Then please remove corban pap
5 TO HOSPITAL C. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs		F	poge 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 shaul
VS	Al	5 (4)
15/	M S	/5	8

1	MARYLAND	STATE DEPARTA	MENT OF HEALT	H-BALT	IMORE, 18		
	788	CERTIFIC	ATE OF DEAT	Ή	Reg	Dist. No.	6781
1.	PLACE OF DEATH O. COUNTY MONTG OMERY	MARYLAND	2. USUAL RESIDENCE (W	Where deceased	lived. If institution: Re b. COUNTY	sidence before	odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporo	te limits, write RURAL	ond give negre	st town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	SVILLE	AVENUE		IS RESIDENCE ON A FARM?
3.	NAME OF Also (TRANCES J.	L & HOSPITAL COLLELMINDE	11 6602 Lost	24th.	Month	Day	YES NOT
5	(Type or print) Man + TAA		8. DATE OF BIRTH	OF DEATH	JAN AGE (In yeors IF UN	II	196 /
٥.	MALE WHITE WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	11-17-94		lost birthdoy) Mon		Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERVICE MANAGER	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stot	AUT	intry) 12	CITIZEN OF W	/HAT COUNTRY?
13	FATHER'S NAME	NOTOWODIE	14. MOTHER'S MAIDEN			<u></u>	0 0 0
15	RAFFAELA COLLE WAS DECEASED EVER IN U. S. ARMED FORCES? 16. es. no. or unknown) [(If yes. give wor or dates of service)]		INFORMANT	NATA GE	Address ELI SAM		
	PART I. DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. (c)	Conon	AMY Th.	Heari	osis T)ISEA	ONSET 13	AL BETWEEN AND DEATH AND TEATH
ERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	CONTRIBUTING TO DEATH BU SCRIBE HOW INJURY OCCURR		WED			WAS AUTOPSY PERFORMED? 'ES NO
MEDICAL C	20c. TIME OF INJURY Month, Doy, Year 20d. I	Not while f	PLACE OF INJURY (Home, for octory, street, office bldg., e	rm, 20f. (City o	or town)	(County)	(Stote)
	21. I certify that I attended the decearative on JAW 10 , 19 ACTUAL SIGNATURE MANNEY DIN PHYSICIAN'S NAME (Type) Nonman De	N Ome	19.57, to h occurred at 735.00 m.D. 35	ADDRESS (Street	ne causes and an		the deceased tated abave. DATE SIGNED
	o. BURIAL, CREMATION, REMOVAL (Specify) BURIAL FUNERAL DIRECTOR'S SIGNATURE FAMILIES FRANCIS J. COLLINS 38	Mt. OT.TVET ADDRESS WASH.	CEMETERY De Ca 240 REC	22d. LOCATION ASC. D BY REGISTRAN 1 6 '61		I	(Stote)



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

789

60782

	- 4 12 12									
1. PLACE OF DEATH				O STATE	ESIDENCE (W	here deceased	lived. If institu		ce before admi	ission)
Montgomery			MARYLAN	Virg:	nia		Arlin			
	If outside corporate limits	, write	LENGTH OF STAY IN		R TOWN (If	outside corpor	ote limits, write	RURAL ond g	give nearest tov	wn)
Bethesda	Rural)		116 days	Arlin	ngton	17.				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi	ve street od	dress)	d. STREE	T ADDRESS		7	XES	ON	A FARM?
	1 Hospital			1727	N. Rh	odes St			YES	□ NO 🔽
NAME OF DECEASED	First		Middle		Last	4. DATE OF	_	on th	Day	Yeor
(Type or print)	Flore		Virginia		LINS	DEATH		uary	1	19 61
. SEX	The state of the s	/- MARRIE	NEVER MARRIED		P-81		9. AGE (In year lost birthdoy) 79 yr	Months	Days Hours	
Temale	COLUMN TO THE			T Such		e or foreign co			ZEN OF WHAT	COUNTRY
	ON (Give kind of work di king life, even if retired)	one Tob. KI	IND OF BUSINESS OR II				011117)	12.011.		COUNTRI
Housewife					lie hi		PACE IN THE		USA	
3. FATHER'S NAME					R'S MAIDEN		2011-9			
John J. 1					ginia	WEBSTE				
5. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCE (If yes, give wor or dates of ser		OCIAL SECURITY NO.	7. INFORMANT			Ac	ldress		
No		N	one	(H) Robt.	. H. C	ollins,	same a	s #2 a	bove	
Conditions, if consections (o), storing lying couse last. PART II. OT	m mediote	Evitions co	acture of	exotic Enterty Operation	tive S	staply MINAL DISEASE	heb-	L Lip Q Tuken EIVEN INDEAR	1 1(o) 19. WAS	S AUTOPSY ORMED?
(IF EITHER, NOTIFY	MEDICAL EXAMINER)		IBE HOW INJURY OCCU					NO OF	100	
20c. TIME OF INJUI	RY Month, Doy, Yea	While	URY OCCURRED 20e Not while ot work	foctory, street, of			or town)	(0	County)	(State
	sed dlive an Jar		d the deceased fro			9 60 . ta	Jan. 7	19_6	21. that (04	(we) las
220. SIGNATURE	School	60	da., and the	M.D. PHYS.		MED.	STAFF PHYS.	and on the		226. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	L. V. WILLE		T, MC, USN		S. Na		spital,		sda, Md	•
Burial (Specify	1-11-01	20	Arlington				ngton	, Or county)	Virgin	ia.
24. FUNERAL DIRECTOR	(1//	1100	TODRESS CONTRACTOR	Va	25o. REC	C'D 8Y REGIST	RAR 25b. REG	GISTRAR'S SIG	GNATURE	
Ives Funer	al Home, 28	独7 Wi	lson Blyd.,	Arlington	ABTAD .	N 1 0 '61	a	Thur & 1	Kenya	

TO HOSPITAL O VR A15 (4) 15M 9/59

AN ILL			7	
ariingaan	Paragraid			o J
		ngab bili	(182	8)
* The last of the	• • • • • • • • • • • • • • • • • • • •		ZerlineE	Level .H .D
10 Transfer	2017(00	ajulghly x	odstol"	
The state of the s	18-52-1	A TOTAL TOTAL	gntonounÜ	Yumit.
APO	awii sin	AN AN UN AN AP		
	NITERAL ALUININ		ALC:	de . Tamot
avoin St en ours) Moot. H. Contins,	and stoll		Qi.
erps Denne	of House out	الم المراسد الداوير		
worth dill si	our transcribed	W. Levillan	1	
correct Topology or The	وروبط يد جاءران	ting Otio		
Z Lov Y .uch		4		
Marie E		7 17	1) 12 July 1	
piol, Brundup, 34.	U. S. Mayal Boa	.10, 13, 011.	170 Maria V 61	
2101°-02'V (23.00)		ed morgative walson block or		

TOOL TOURS NOTHING THE PARTY NOT THE

CERTIFICATE OF DEATH

66783

a. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (Woo. STATE Virginia		If institution: Resid	lence befare ad	lmissian)
b. CITY OR TOWN (If autsi		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lim	nits, write RURAL on	d give nearest	town)
Bethesda (Ru	ral)	64 days	Norfolk		83 X -	3	
d. NAME OF HOSPITAL (IF OR INSTITUTION	not in haspitol, give stree	t address)	d. STREET ADDRESS			0	RESIDENCE N A FARM?
U. S. Naval	Hospital		7624 Shery	l Drive		YES	NO 🔀
NAME OF DECEASED (Type ar print)	First Wilfred	Middle James	COLLINS	4. DATE OF DEATH	Manth January	Day 31	Yeor 19 61
SEX 6. C		RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AG1	1 1 1 1 1	ER 1 YEAR IF U	
	ucasian WIDOV		4-7-28	32	birthdoy) Manths	Days Ha	urs Min.
. USUAL OCCUPATION (G	ve kind of work done 10t	. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	e or foreign country)	12. C	ITIZEN OF WHA	AT COUNTRY
during most of warking lif		J. S. Navy	Florida	1		USA	
FATHER'S NAME			14. MOTHER'S MAIDEN	-			
William C. C	OLLINS		Levina SEI	LERS			
WAS DECEASED EVER IN L		SOCIAL SECURITY NO. 17.1	NFORMANT		Kingston	C+ No	mfolls
vs. no. or unknown) (If yes.	give war or dates of service)	JAKALANDA AM	\ 1600 Tun- 0				PLIOTK !
19	40-1900	TOT THE COTO ICW) Mrs. Inex (ollins, c	O HOTZMI	TTEL	
PART I. DEATH W	AS CAUSED BY: EDIATE CAUSE (o)	Reticulum	~ Cell Se	ancon	a	OMSH	ND DEATH
197.9	DUE TO						
Canditians if only, w							
couse (a), stating the ur						2 11 2 1	
lying cause last.	(c)						
PART II. OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CONI	DITION GIVEN IN P.	PE	AS AUTOPSY REFORMED?
20a. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING MEDICAL CONTRIBUTION	USE OF DEATH	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Part I or Port II of i	tem 1B.)		
20c. TIME OF INJURY Mo Haur a.m. p. m.	Whil	-2	ACE OF INJURY (Home, for octary, street, affice bldg., el	rm, 20f. (City or tow	n)	(County)	(Stote
		ded the deceosed from.	Nov. 29	o 60 to Jan 15AM M, from the c	n. 31 , 19	61, that \$	(we) la:
saw the deceased o	live an Jan 3	11961 , and that	death accurred at	_M, from the c	auses ond on t	he date sto	
Paull-	Imawear	end Amed		MED. STA	FF 'S. 🔀	1	226. DATE SIGNE -31-6]
22c. PHYSICIAN'S NAME (Type)	G. LINAWEAV	ER, LT, MC, US	22d. ADDRESS	val Hospi	tal Roth	esde M	
				,			
a. BURIAL, CREMATION, 23 REMOVAL (Specify) urial-Shipmen	t 2-2-61	Forest La	wn Cemetery	Norfolk	City, tawn, ar caunty) /irginia	Stote)
FUNERAL DIRECTOR'S SIGN		ADDRESS		B E REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
.W.Chambers C	o., 1400 Ch	apin St.NW, Was	ShDC DATE	B Z .01	Chillian &	, /ceaules	

may be revained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remaye corbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. **ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 hau TO HOSPITAL

VR A1S (4) 15M 9/59

		EV,MO +-2	Laticeol L Laticeol L Del LLH	U. S. Eve.
			Laticuol L Del'Lim dell'Alia dell'Al	U. S. Eve.
Lo LE TRIBLIO S.			ner Lin dalaholab U	Mariner Mariner
			Ualione U	P 40 4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	ali		,u	P 40 4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Service of the servic	n bažvat.	Svat .s		
and the state of t				
College Colleg	wards sale			
70 July 15 July 10 July 10 July 15 Jul	Ç von			
		Lo		
ment Absenced, deviced the second term			niyeshanil .b .	

VS A15 (4) 15M 9/5B

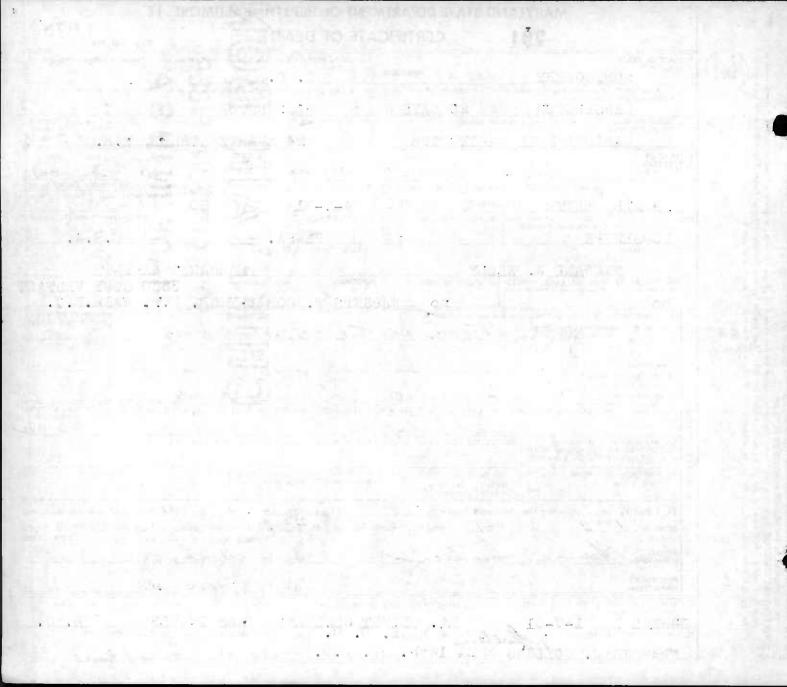
ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
--	------

791 CERTIFICATE OF DEATH

M

(0784 Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased live		Residence before ad	missian)
o. COUNTY MONTGOMERY	MARYLAND	D. C.		b. COUNTY	ν	
b. CITY OR TOWN (If outside carporote limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside carporate l	imits, write RURAI	L ond give nearest	tawn)
RURAL and give nearest town) KENSINGTON	26 DAYS	WASH	INGTON		4 5	VI.
d. NAME OF HOSPITAL (If not in hospital, give str		d. STREET ADDRESS	THOTON		le. Is	RESIDENCE
OR INSTITUTION			TOTA TOTAL	OBTO	0	N A FARM?
CARROLL HALL S				STREET,	N.E. TE	, LI MO M
3. NAME OF DECEASED (Type or print) ANNIE	ELIZABETH	CORBLEX	4. DATE OF DEATH	Month Jan	Day 3	Year 196 /
5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. A		INDER I YEAR IF U	NDER 24 HRS
FEMALE WHITE WIDE	OWED DIVORCED	4-9-71	{	39 yrs.	inths Days Ha	urs Min.
 USUAL OCCUPATION (Give kind af wark done 1 during mast af warking life, even if retired) 	Ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign cauntry	1)	12. CITIZEN OF WH	AT COUNTRY
HOUSEWIFE		PENNA	Paris C		U.S.A	
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		Vallan	•
MICHAEL J. KE			MARG	ARET HA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT		3380	STUY V	ESTAN
no	no Jo	SEPH T. COL	RRLEY_SI	R. N.W.	WASH.D	- C -
1B. CAUSE OF DEATH [Enter anly one cause pe	er line far (a), (b), and (c).				INTERVA	L BETWEEN
PART I. DEATH WAS CAUSED BY:	BIERIOSCLER	NTIC HE	07 NG	=005	ONSET A	ND DEATH
IMMEDIATE CAUSE (o)	DIEMIOSCALIC	OPIC MEA	KI PIS	C430		
DUE TO						
Conditions, if any, which (b)	Y DE LA					
gave rise to immediate DUE TO		,			AC-11-90	
lying couse last.	DENERALIZED.	ARTERIO	BCLERO	1515		
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN I	N PART 1(0) 19. W	AS AUTOPSY
CATIC	SENILITY					RFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	describe how injury occurre	D. (Enter nature of injury in	Port I ar Port II at	f item 1B.)		
		ACE OF INJURY (Home, form		own)	(Caunty)	(Stote
Haur a.m.	hile Nat while fo	ctory, street, office bldg., etc	c.)			
21. I certify that I attended the dece	eased fram DEC. 8	, 196a, to J	AN 3	, 19_6 tha	t I last saw the	e decease
alive an 1- 3	96/ and that death	accurred at \$30	M. fram the	causes and a	in the date sta	ted abave
1/				city ar tawn, state		DATE SIGNE
ACTUAL SIGNATURE	owlen	M.D. 520	6 NOR	WHY DR		
PHYSICIAN'S NAME (Type)		CHEU	V CHA	SEIMI		
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		1	(City, town, ar ca		(State)
REMOVAL (Specify)	201 07 7777				~	
BURIAL 1-7-61	Mt. OLIVE	ET CEMETERY		INGTON	D	. C.
23. FUNERAL DIRECTOR'S SIGNATURE 7	elen ADDRESSWASH.	24a. REC	D BY REGISTRAR	24b. REGISTRA	R'S SIGNATURE	
FRANCIS J. COLLINS	3821 14th. ST	N.W. DATE	N 6 '61	0.11	04	



1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 792

CERTIFICATE OF DEATH

		1	1)	Pay	6	
Diet		4 .	1 5	1	1	
 Dist	Ma	()	1	-69		5

	1.	PLACE OF DEATH COUNTY MARYLAI	ND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Arlington
		b. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town) RURAL and give neorest town)	
		Kensington 4 Months	83X-3
191		d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO
10	_	arroll Hadl Sanitarium	1)42 -04011 001411040 -011CC0 -
		NAME OF DECEASED (Type or print) First Middle Middle MC Daniel	COX 4. DATE Manth Day Year OF DEATH JANUARY 20 196
	S.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF/UNDER 1 YEAR IF UNDER 24 Hours Min Months Days Hours Min Min Manths Days Hours Min Min
		Vale White WIDOWED DK DIVORCED	
		. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II during mast af working life, even if retired)	NDUSTRY 11. 8IRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNT
	R	etired Sgt. Washington Police Departm	ment Washington, D. C. U. S. A.
1		FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I	1	James L. Cox	Martha G. Jamison
-	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
	[Ye	s, no, or unknown) (If yes, give wor or dates of service)	Ralph S. Cox- Arlington, Virginia
		18. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONAR	1 HROMBOSIS 2 HOURS
		420, DUE TO	
		Conditions, if any, which) (b) GENERALIZ	ED ARTERIOSCLEROSIS
		gove rise to immediate couse (a), stoting the under-	
		lying couse lost. (c) £ SSENT(AL	HYPERIENSION
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPPERFORMED?
0	CATION	SENILITY	YES NO
	CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature af injury in Port I ar Port II of item 18.)
	CAL		e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sto
	MEDICAL	Hour a.m. p. m. 19 While Not while at work at work	foctory, street, office bldg., etc.)
		21. I certify that I attended the deceased fram SEPT.	13 , 19 60, ta JAN 20 , 1961, that I last saw the decease
	18	7 . 1 .	eath accurred at 1.10 A.M., fram the causes and an the date stated aba
			ADDRESS (Street, city or town, state) DATE SJGN
		SIGNATURE SECURISM for dece	520 6 Nouvery Dr. 1/20/61
- /			
1		PHYSICIAN'S NAME (Type)	Cheny Chore, bud
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE!	
	L	urial 1/23/1961 Glenwood C	
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	127	verly-Wheatley Funeral Home, Alexandri	a, Virgini DATE JAN 24'61 arthur S. Krana

STATE TO ENAMED THE TAX OF THE TA

	Simple of the length of
	- P - Land With Line 14th Mort
- 0	
	randemen en Mobileamobran Village in Tab

THE PARTY - Plantage Louis Louis Live Live Labor.

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL O

VR A1S (4) 1SM 9/S9

death. Page 4

195 CERTIFICATE OF DEATH								
1. PLACE OF DEASH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission on STATE for the property of the country of th	n)							
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) RURAL and give nearest town) GRUPAL and give nearest town)								
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION RUSDINGHOUSE PLEST HOSPITAL (If not in hospitol, give street oddress) ON A F YES ON A	FARM?							
OF DECEASED (Type or print) Lettle Genetta Cranford DEATH January - 26 79	961							
S. SEY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED DIVORCED WIDOWED DIVORCED WIDOWS 9. GGE (In years lest birthday) Months Days Hours 9. GE (In years lest birthday) Wonths Days Hours	Min.							
18. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) AUTHORITIES OF WHAT CO	UNTRY?							
13. FATHER'S NAME 14. MOTHER'S NAME PULL COUNTY Cross								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)								
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (o) WITERVAL BET ONSET AND E STAND E	DEATH							
Conditions, if ony, which gove rise to immediate (b) Counter of left week								
couse (o), stoting the under- lying couse lost. DUE TO								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOR YES	WEDS							
20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)								
20c. TIME OF INJURY Month, Doy, Year Hour o. m. P. m. 19 20d. INJURY OCCURRED While of work of two o	(Stote)							
21. I certify that (I) (this hospital) attended the deceased fram. 7 = 19 1, to 10 = 19 1, that (I) (we) lassaw the deceased alive an attended the deceased fram. 7 = 19 1, and that death occurred a 2 M, from the causes and an the date stated above								
220. SIGNATURE— M.D. ATTENDING MED. STAFF PHYS. PHYS. 22b.	DATE SIGNED							
22c. PHYSICIAN'S NAME (TYP) / HE H / AM C, M 144E R 7-Bracks ON, gaithersburg all	91							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. ISOLATION (City, town, or county) (Stote Germany) (Stote Germany)	. //							
2d FUNERAL DIRECTOR'S SIGNATURE JOHN GOLDENS JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN								

7 to 2 The state of the s the seter in some 11:500 Gotte wind a 120 Butteraling Richard But you, gatheren " Peterte Gutte Euntery process - 26 - 61 Willer fund with PI 21 30 2011-11-1014 at him the toping to the de the Who Kilking Buth down or come 3. B. Evanc Puth H. Browan, M. gutherland, 180 Course of Himseli Seine. Come of lift becall Description (10-12-10 63-61-6 With the William MILEN F. M. HALER PROCESSON, Goldensburg Will.

00787

Я	70% CERTIFICA	ATE OF DEATH	Reg. Dist. No.					
i	1. PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased in a. STATE	lived. If institution: Residence before admission) b. COUNTY					
)	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF THE STATE OF THE	3823-news/an	yshere and the e. Is residence on a farm? YES \(\) NO \(\)					
0	3. NAME OF DECEASED (Type or print) LENA Phillips	CRISWELL 4. DATE OF DEATH	Manth Day Year					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	AGE (In years lost-birthdoy) Months Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, eyen if retired)	JSTRY 11. BIRTHPLACE (State or fareign cou	12. CITIZEN OF WHAT COUNTRY					
	13. FATHER'S NAME William	14. MOTHER'S MAIDEN NAME	Beckmann					
	16. SOCIAL SECURITY NO. (Yes, no), or unknown) (If yes, give wor or dates of service) ?	B. Phillips 3gm	wildy Address asal					
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	1	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) HY PERTENSIVE	HEART DI	SEA SE					
	AL 113 30 DUE TO							
	Conditions, if any, which) (b) GENERALIZET	ARTERIASI	LEROSIS					
	gove rise to immediate	3 7 1 1 2 1 1 3 1	DEICOSIS					
	lying cause last.	HYPERTEN	15100/					
			CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY					
	5641/17	/	PERFORMED? YES NO					
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Port I ar Port I						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT SENT LITY 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	co. (cine natore of injory in roll r a roll r						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	or town) (County) (State					
	21. I certify that I attended the deceased from MARCH	15 1059 to 1 - 1	C 19 6 / that I last saw the decases					
	, , /		ne causes and an the date stated above					
	dive dil		et, city or town, state) DATE SIGNE					
	SIGNATURE Mensen fauther	0. / . /	neory Dr.					
	PHYSICIAN'S Henry M. Lowden	Chery Ch	oze, hif					
		l Cemetery Suit	Con (City, town, ar county) (State)					
	23. FUNERAL DIRECTOR'S SIGNATURE CO. T. S. H. Hines Co. T. T. T. S. H. Hines Co. T.	N.W. 24g. REC'D BY REGISTRA						
	The S.H. Hines Co. Washington Q	D C DATE JAN 1 6 '61	Cintling & House					

The second secon

Telegration over a ment in a said

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

66788

	633	CEKTIFI	CAIL	OF DE	AIH				0	USC	0
1. PLACE OF DEATH o. COUNTY	MONTGOMERY	MARYL			MARYL		l lived. If institut b. COUNTY		ence befo		sion)
b. CITY OR TOWN RUBAL and give SILVER	OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b and give nearest town) OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR TOWN (If outside corporate limits, write RURAL and give nearest town)								n)		
d. NAME OF HOSE OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 10,401 COLESVILLE ROAD			d. STREET ADDRESS 10,401 COLESVILLE ROAD					e. IS RESIDENCE ON A FARM? YES NO 🔀		
3. NAME OF DECEASED (Type or print)	First BEATRICE	Middle W •	CR	Lost OCKER		4. DATE OF DEATH	Mo JA	nth N.	Do 15	-	Year 19 61
S. SEX FEMALE	6. COLOR OR RACE 7. MAR WIDOW	VED DIVORCED	0 1/	TE OF BIRTH 17/02			9. AGE (In years lost birthdoy) 58 yrs	Months	R 1 YEAR Days	Hours	ER 24 HRS
during most of we	ION (Give kind of work done lob orking life, even if retired)	kind of Business or his ington Juli ligh School	INDUSTRY DLOT	11. BIRTHPLAC	CE (Stote o	r fareign co	ountry)	12.CI	U.S.		COUNTRY
Benjami	n Woodford		14.	Lucre			sman		11		
1S. WAS DECEASED EN		. SOCIAL SECURITY NO. 226-42-6570	17. INFORM	rthur V			, 10,401			lle I	Rd.
Conditions, if gove rise to	immediate (ine for (a) fio), gro (c).] otherwise constants	arein	anon	nig	uatro	y un t	the	INTI	ERVAL BE	
20a. ACCIDENT V	ther significant conditions	CONTRIBUTING TO DEAT						VEN IN PA	RT 1(o) 1	9. WAS PERFO YES	DRMED?
G (IF EITHER, NOTIF	JRY Month, Doy, Year 20d. While			OF INJURY (Ho street, office b			or town)		(County)		(Stote
saw the dece	nat (I) (this haspital) atten	ded the deceased f		*1			15 Je the causes a			stated	dabave
22c. PHYSICIAN'S NAME (Type)	ERNEST E. HARM	annor	M.D.	ATTENDING PHYS. 22d. ADDRESS 9301	DIR	ECTOR	STAFF PHYS. Road,	Silve	-,	5/61	, Md
230. BURIAL, CREMAT REMOVAL (Specif RURIAL)	23b. DATE THEREOF 1/18/61	Lewinsvi ile Yard	TERY OR CRE	MATORY yteria	n Chi	23d LOCAT Lewi	Non (City, town,	or county	gini	(Sto	te)
24. EUNERAL DIRECTO	R'S HEMILHEEY, INC.	APPRISER S	PRING,			BY REGIST		ISTRAR'S S			

death. Page 4 may be revained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in ony event, within 72 haurs after death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL C

VR A15 (4) 1SM 9/59

A CONTRACTOR FOR A CONTRACT OF STREET, E. K. STREET, T. The state of the first of the first of the state of the s all and a second

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE 1, MARYLAND

214131014 01	SIMIISHOWE KESENKOH WIAD	WECOKD3	- DALIIM
30	CERTIFICATE	OF D	EATH

60789

1	1. PLACE OF DEATH O. COUNTY MO W 90 MERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 33 — Rochwille
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SUDUR Day HOSPITAL	d. STREET ADDRESS 12810 Turkey Branch YES NO IN
	3. NAME OF DECEASED (Type or print) BABY GIRL O	alessandro Death January 24 1961
	5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 1 23 6 9. AGE (In yeors lost birthdoy) yrs. IF INDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	manyland U.S.A
	13. FATHER'S NAME Mr. Plouded, Dale > Sandro	THERESA DORENE LASHER
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Address Address
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse last. (b) DUE TO (c)	Respiratory Center ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
	CATIO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stote) ctory, street, office bldg., etc.)
	220. SIGNATURE	death accurred of J.M., from the causes and an the date stated abave. M.D. ATTENDING MED. STAFF PHYS. Ly Colored SIGNED PHYS. 22d. ADDRESS 809 Viers Mill Rd., Rockville, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF BURIAL 1/26/61 GATE OF HEAVI	
-	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SILVER SPRINGER ADDRESS ADDRESS SILVER SPRINGER ADDRESS ADDRESS SILVER SPRINGER ADDRESS ADDRESS	NG, MD. DATE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	-2074227 XV5	

1,100	Pull trail			
	APPENDING			
	- M.	Sy. 2 2000		
			The only the gift	
• • •			The product of	
			Lange Co	
				Mark Company

TO HOSPITAL C

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		797		CERTIF	ICA.	LE OF DEV.	TH					07	911
	PLACE OF DEATH a. COUNTY fontgomery			MAR	YLAND	2. USUAL RESIDENCE o. STATE District			b. COUNTY	on: Reside	nce befa	e admiss	ion)
	b. CITY OR TOWN (IF RURAL and give nec Bethesda (F	Rural)		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	on	corporate l	imits, write R	URAL and	give nea	X	-3
ı	d. NAME OF HOSPITA OR INSTITUTION S. Naval		give street o	ddress)		d. STREET ADDRE		, N.E				ON A	IDENCE FARM?
3.	NAME OF DECEASED (Type or print)		ler	Middle		Last DANCY	(DATE OF DEATH	Janu	ary	2		Year 19 61
1	sex Cemale	6. COLOR OR RACE	WIDOWED	DIVORCE	D 🗆	8-2-03		lo	GE (In yeors st birthdoy) 7 yrs.	Months	Days	Haurs	Min.
I	lousewife	N (Give kind of wark ng life, even if retired	dane 10b. K	IND OF BUSINESS (OR INDUS	North	Caro		γ)		JSA	WHATC	OUNTRY?
	FATHER'S NAME FOLLY DRAKE					Cindy LY							
	WAS DECEASED EVER is, no. or unknown) (I	IN U. S. ARMED FOI f yes, give war or dates of	RCES? 16. S	OCIAL SECURITY NO	D. 17. IN	Mrs. Loss	ie B.	Gilb	ert, s		18 #a	2	
	Canditions, if an gove rise ta in couse (o), stating t lying cause last.	he <u>under</u>		hon	lo	Shel	dir.	Sti	or		24	LOG	MS)
CERTIFICATION	20g. ACCIDENT WAS	S UNDERLYING [7]	20b. DESC		225	NOT RELATED TO THE		-		VEN IN PA	RT 1(o) 1	PERFC	AUTOPSY ORMED?
MEDICAL CERT	OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Haur o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)		JURY OCCURRED Nat while	20e. PLA	CE OF INJURY (Home tory, street, affice bldg	, form, 20	Of, (City or t			(County)		(Stote)
	1. 6	(k) (this hospital ded alive an Je	Sax		d that d	ATTENDING DATES	MED. DIRECTO	fram the	causes ar	nd an th	ne date	22 1-3	we) last dabave. b. DATE SIGNED
١.	BURIAL, CREMATION REMOVAL (Specify) Burial-Trai	0 25-60	OF July	23c. NAME OF CEA		CREMATORY Ony Cometes	23d.	Prince	Georg	or Sonty)	N.	C (Stol	ie)
	FUNERAL DIRECTOR'S		, 524	8th St. N	E, W		RÉC'D 8Ý	régistrar 6 '61		STRAR'S S			

			. Ter
ries.	ot to seemble	organica de la companya del companya de la companya del companya de la companya d	усанадаль
	mangaldani	ayes €	(:in-) elsopol
E.E. 3.2	Light Patrent,		9. C. Mayal Hospital
io s gimini	Y		Ind
	8-8-8		Pontage states
ing this part	Livery drawk		Boustowlike
	Total drawl		3280 y.L.C
100 S 300	Dec. 24 D:34Mt		
L-3-61 Biapiuu, Burnawin, Mi. Madenga Guunga Ou.		o (M., E.)	
	, c ,	SE our Bo. III.	Spangler Famorel Muses

FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page, 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Maglith, or its designated agent, prior to burial, cremation, or removal, and in any evept within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH CCMU-

•	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission)
	a. COUNTY W	a. STATE b. COUNTY
	MARYLANI	1800
)	b. CITY OR TOWN (if outside comparate limits, write RURAC)and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neeres town)
/	1 25 1/2	12 Rockville
	NAME OF HOSPITAL OR INSTITUTION (if not in hospital give dead of	d. STREET ADDRESS
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. SIRECT ADDRESS ON A FARM?
200	1 11/00 8 Rockivella 11/10	1/1/10 Kockerle J. J. YES NO E
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	DECEASED	OF A
	(Type or print)	Tarrie DEATH Jane 8 1961
	5. SEX 6. DLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE II Years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Marko Libbit WIDOWED DIVORCED TO	1- 0-1000 las bighday) Months Days Hours Min.
	Truck, while	1-8-1898 (G) yrs.
Н	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	STRY 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Cash & retired	1/2 M-S G
	13. FATHER'S NAME	I 14. MOTHER'S MAIDEN NAME
4		P
	1 Gen. Darne	maine cronsus
-		. INFORMANT Address
	(Yas, no, or unkown) (Ifyasgiva war or datas of servica)	2 1
	No Unknown /	Jessee Dame - Sum
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	veclusion sudden
	770	
	DUE TO	
	Conditions, if any, which \ (b)	
	gave risa to immadiata causa DUE TO	
	(a), stating the underlying	
	cause last, (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO NO
	E 208 EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURET	O. (Entar natura of Injury In Part I or Part II of itam 18.)
	PRIMARY Or CONTRIBUTING	
9	CAUSE OF DEATH.	
		PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
	at week T	factory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above,	held an Autopsy
	death resulted from: Natural causes X, Accident , S	uicide , Homicide , Undetermined manner
		CHIEF MEDICAL EVANINED
Š.	11 B 1 A	CHIEF MEDICAL EXAMINER
3	SIGNATURE MUST A MORNAUT	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
9		DEPUTY MEDICAL EXAMINER & /- 8-61
	EXAMINER'S FLANK J. BLISCHO	
	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	Address (Streat, city, town, or county) OR CREMATORY 22d, LOCATION (City, town, or country) (Stata)
	REMOVAL (Specify)	
	Burial 1/10/61 Rockville	Cemetery Rockville, Maryland
	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Robert A. Pumphrey Bethesda,	Maryland DATE JAN 10'61 Outhur 8 ff
	Tooler III I daipile of Doctional	Mary Latty DATE JAN 1 0 61 Carthur & Hame

THE RESERVE OF THE PARTY OF THE Emerginal Public States and State Sanished Sillerand | Protection of the sand | PADIAL Sections Robert W. Pumpureve Replicada, Marriand, 1981 Lewi MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

66792

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
7	d. COUNTY MONTECOMERY MARYLAND	Maryland b. COUNTY Monts	gomery
1	b. CITY OR TOWN (If autside carporate limits frite c. LENGTH OF STAY IN 16	CITY OR TOWN (If autside carporate limits, write RURAL and giv	e nearest tawn)
	RUBAL and give nearest takin) NENSINGTON CDAYS	-6Kensington	
1	d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	rensington Gardens Zanitarium	13404 Nimitz Rd.,	YES NO NO
-	3. NAME OF First Middle	Last 4. DATE Manth	Day Year
	(Type or print) frank A	Fries OF DEATH /	1 1961
1	S. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Manths D	
	M WIDOWED □ DIVORCED □	8 mar. 1899 81 yrs. Manths D	oys Hours Min.
ľ	10a. USUAL OCCUPATION (Give kind of wark dane during mast af warking life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
	Farmer RETIRED	Missouri ·	45A
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Hugust HiDe Fries	Mary Bish	
1		NFORMANT Daughter Address	
	(Yes, no or unknown) (If yes, give war or dales of service) Unknown	rs. Marion D. Hall Same as	s item #2
	1B. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Renal Le	giliere (Mephrosolerosia)	3mos.
1	H46X DUE TO D		
	Conditions, if ony, which) (b) 2) Confestive	Cardiac Failure	7 478.
1	gave rise to immediate couse (a), stating the under-		
1	lying cause last. (c)		Chart -
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(a) 19. WAS AUTOPSY PERFORMED?
Н	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	+ (luypertroply, lungs)	YES NO I
	TO ACCIDENT WAS UNDERLYING TO JOH DESCRIPE HERY INJURY OCCURRE	D. (Enter nature of injury in Part) or (art I) of item 1B.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Ca	unty) (State)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to More Plant for the p.m. 19 of work to the position of the positio	ctary, street, affice bldg., etc.)	
	21. I certify that (I) (this haspital) attended the deceased fram	1054 in Jan 1 106	, that (I) (we) last
	D. T.	death accurred ab SSM, from the causes and an the	
	220. SIGNATURE	gedin dictoried assessmit, from the causes and all the	22b. DATE
	Thills H. Varner	M.D. PHYS. DIRECTOR PHYS.	1/1/61 SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS A	111
	NAME (Type) PHILIP H. VARNER	10,620 Da, Clue, Wheaton	, ma,
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county)	(Stote)
	Burial Jan. 3.1961 Park lawn	Cemetery Montgomery Coun	ty, Md.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGN	IATURE
-	ROBERT A. PUMPHERY Bethesda,	Md. DATE AN 3 '61 arthur & f	Tracia

may be revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the filled with TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health priar to burial, cremation, or removal, on<u>d in any event within 72 hours after death.</u> TO HOSPITAL C VR A1S (4) 15M 9/S9

death. Page 4

gofug and Line Silve The realizable of ADAZ and Education and State PRINCIPLE TO SERVICE T the state of the last of recent and The term washing a wide area and that could be built and BOREST AV PULTHERY BECRESON WE UT

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a. COUNTY a. STATE b. COUNTY mon tage more for b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) and þ write RURAL end give neerest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) =-Pages NAMEOF DATE Month DECEASED JR DEATH (Type or print) Done PANUOLY 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED THEVER MARRIED lest birthdey) and Months WIDOWED [DIVORCED physician 10e. USUAL OCCUPATION (Giva kind of work ove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending p .= 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyes give wer or detes of service 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) erebrol haemorrhage Conditions, if eny, which geve rise to immediata cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) While _Not While Hour a.m. et work | et work AN 25. 196/ that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Jo 25 1966, and that death occured a 300 M, from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATUR ATTENDING DIRECTOR PHYS. M.D. PHYS. death. Page 4 22d. ADDRES 22c. PHYSICIAN'S 6 NAME (TYPO) director, be filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) CONYNGHAM, LUZERNE COUNTY, PA. CONYNGHAM CEMETERY 1/28/61 OL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) SILVER SPRING, MD. 15M 9/60 DATE JAN 3 1 '61 arthur & Thousa

e. IS RESIDENCE ON A FARM? YES NO P

19 61

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

(State)

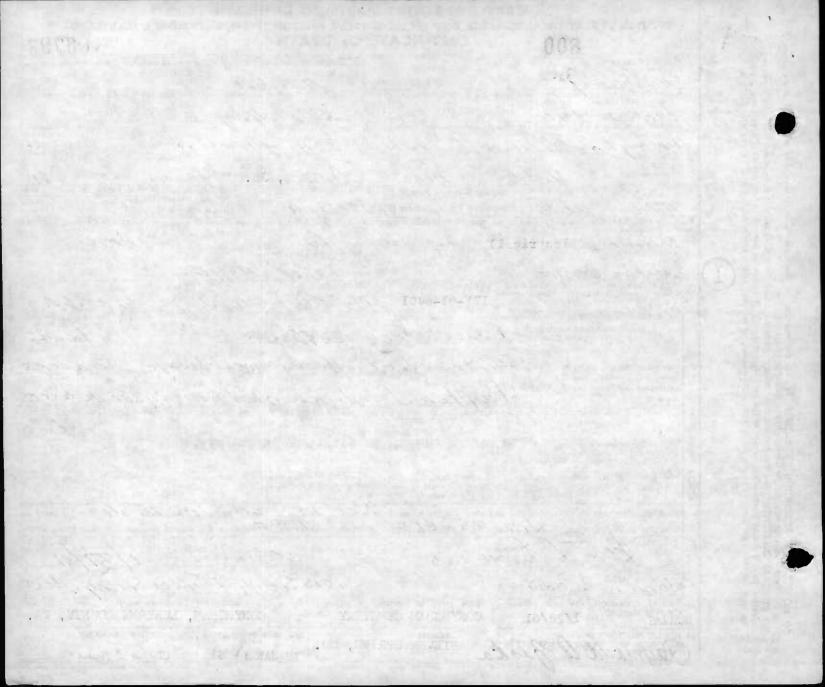
DATE

SIGNED

(County)

Year

Day



ITTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VR A1S (4) 1SM 9/S9

death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

00794

1	PLACE OF DEATH MONTH ACMENY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY
1	b. CITY OR TOWN (If outside corporate limits, write RUNAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCKVILLE
5	d. NAME OF HOSPITAL/IF not in hospital, give street oddress) OR INSTITUTION PENSINGTON GARDENS Sqn 1 torium	d. STREET ADDRESS 12,113 HUNTERS LANE • IS RESIDENCE ON A FARMA YES NO (
3	NAME OF DECEASED (Type or print) Eunice First Middle Jenkins	DEUC 4. DATE Month Day Yeor OF DEATH 19 - 1961
S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	B. DATE OF BIRTH 13 March 1901 9. AGE (In yeors Months Doys Hours Min.
1	Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) College Fraternit	
1	A thur lenkins	14. MOTHER'S MAIDEN NAME LIGINGES Camphell
		FORMANT Bevol, Jr., 12,113 Hunters Lane
	DUE TO	noma of Uterus Interval Between onset and Death Montastasis /0 mos
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
9 0 0	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTION OF THE C	D. (Enter noture of injury in Port I or Port II of item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State tory, street, office bldg., etc.)
	leath accurred at 4.5M, from the causes and an the date stated above	
1		M.D. PHYS. D MED. STAFF 225. DATE SIGNED
-	22c. PHYSICIAN'S RUSSELL B. Arnold M.	P. 22d. ADDRESS 8801 Colesville Road, Silver gring, mil
7	23c. NAME OF CEMETERY OF TRANS. SPECIAL 1/21/61 FAIRVIEW CEM	R CREMATORY 23d. LOCATION (City, town, or county) (Stote) ETERY New Albany, Indiana
Asily	LEUNERA DIRECTOR'S SIGNATURE INC. SILVER SPRING	MD. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JAN 25'61 Oxidus 8. Knows

			Tis	
THE RESERVE OF THE PARTY OF THE				
			and the second	
	4			
EAST OF FIRM AND AND AND				
	The state of the s			
		No Bertrager		
			THE RESERVE OF	
	*		172 18 20	

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dependency, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

VS. A15ME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 802 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (, ())

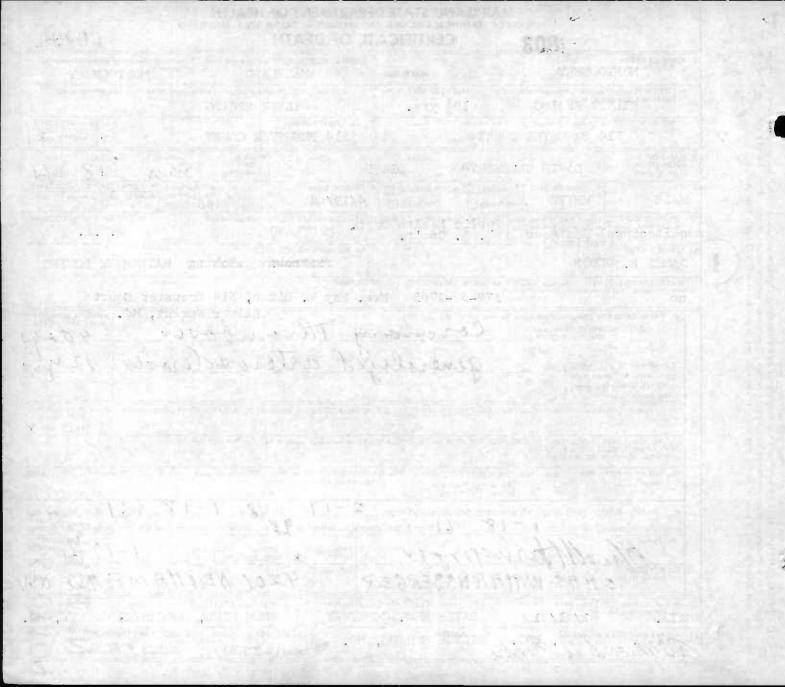
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decease	d lived, If Institution: Residence before admission)
	a. COUNTY	a, STATE	b. COUNTY
M	MONTE OMERY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland	Prince Georges
LY	write RURAL and give neerest town)	C. Citt Ox 10 Wil (il ouiside corporale	
4	Takoma Park,	Seat Pleasa	nt 1629-2
10	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
V	Washington Sanitarium & Hospital	113 68th Place,	YES NOTE
	3. NAME OF First Middle	Last 4. DATE	Month Day Year
	DECEASED (Type or print)	OF DEATH	10 (-
	Armando Joseph Di (Jennaro Ja	nuary 19 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DAIA CHOMINA 17. AG	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Months Days Hours Min.
	Male White WIDOWED DIVORCED	D.C.	35 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Welder: Silver Spring Iron Works	Washington, D.C.	America
N	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Mr. Nicola Di Gennaro	Rosa Palladini	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address
0	Yes (Yes, no, or unkown) (Ifyesgivewerordatesofservice) Yes WW 2 Army Wil	fe: Mrs. Elvira Di Ge	mana ama aa ahara
	1 B. CAUSE OF DEATH [Enler only one cause per line for (a), (b), end (c).]	16: MI.2. ETAILS DI GE	I INTERVAL BETWEEN
		- 112	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PD' CU ma	171715	48 tn.
	9/6.3 DUE TO		., 1
	Conditions, if any, which) (b) Toxemin		"4 dayo.
	gava rise to Immadiate causa		
	(a), stating the underlying Social Extensive B	ody Bunns _	9 days
		T RELATED TO THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
1	PART III. O'THE STORM CONTROL OF THE STORM CONTROL		PERFORMED?
4	5		YES NO
	TO DOLLA ADVICE CONTROLLENIC T	nter nature of injury In Part I or Part II of item	
3	CAUSE OF DEATH. Welding - deaning	Fluid explorted. Be	ming over 1/2 body -
		CE OF INJURY (Home, farm, 20f. (City or to	
H		bry, streat, office bldg., atc.)	pring Montgoman Mid
0	21. I certify that I took charge of the remains described above, hel		
	death resulted from: Natural causes , Accident , Suici		mined manner
	000000	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE John S. Boll	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S (DEPUTY MEDICAL EXAMINER	1-20-196
-	NAME (Type) John G. Ball. M. D.	Address (Street, city, town, or count	
	22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		(City, lown, or country) (State)
5	REMOVAL (Specify) 1-23-61 Quality	nati 9XV	Myer, va
	23. FUNERAL DIRECTOR	24a. REC'D BY REGISTRAR I	24b. REGISTRAR'S SIGNATURE
	8.4. Millengey	Jach D PANEAN 2 3 '61	arthur & Phone
	R.A. Mattingly: 137 17th Street, S.E. W	lash. D. CAMPAN	

62. las esten Sentanium a Mariani - 112 dell' Picas, The state of the s Contract in a top of a to Wile: Mrs. Siring & Berring, and sally Thesame and spinished the section The Control of the State of the Control of the Cont

death. Page

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs VR A15 (4) 15M 9/59

803	CERTIFICA	IE OF DEATH		4,436 251
1. PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (W o. STATE MARY	1 COU	litution: Residence before admission) NTY MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) SILVER SPRING	c. LENGTH OF STAY IN 1b	0.6	outside corporate limits, wr ER SPRING	ite RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street or INSTITUTION BREWSTER COUR	address)	d. STREET ADDRESS 314 BREWS	TER COURT	e. IS RESIDENCE ON A FARM? YES \ NO
3. NAME OF DECEASED (Type or print) DAVID ELLSWO	ORTH DIX	Last	4. DATE OF DEATH	Manth Day Year 18 1961
5. SEX MALE 6. COLOR OR RACE WHITE WIDOWS	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 4/19/94	9. AGE lary ye last birthde	BOTS IF UNDER 1 YEAR IF UNDER 24 HRS ay) Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architectural Engineer U	KIND OF BUSINESS OF INDU	MARYLAN	or foreign country)	12. CITIZEN OF WHAT COUNTRY U.S.A.
JAMES B. DIXON		14. MOTHER'S MAIDEN		KATHERINE HOHING
(Yes, no. or unknown) . (If was nive way or dates of service)		rs. May M. Di	xon, 314 Bres	Address wster Court
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last. Comparison (b) DUE TO DUE TO (c)	generali	zed art	tervsele	rosis 12 yr
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port II of item 18	.)
Hour o. m. While		ACE OF INJURY (Home, for ctory, street, office bldg., et		(County) (Stote
21. I certify that (I) (this hospital) attends sow the deceased alive on		death accurred at 94	TO THE OWNER OF THE	s ond on the date states
22c. PHYSICIAN'S NAME (Type) C. H. P.S. W. H. A.	RNSBERGE	M.D. PHYS. D	AED. STAFF PHYS. 20/ NEW/	1-11-61
23o. BURIAL, CREMATION, 23b. DATE THEREOF 1/21/61	BATES MEM. CE		23d. LOCATION (City, to SNOW HILL, WO	wn, or county) (Stote) DRCESTER COUNTY, MD
A CHINERAL DIRECTOR'S HIGHATURE TICKE	SILVER SPRING	MD . 250. REC		REGISTRAR'S SIGNATURE Onthury L. Known

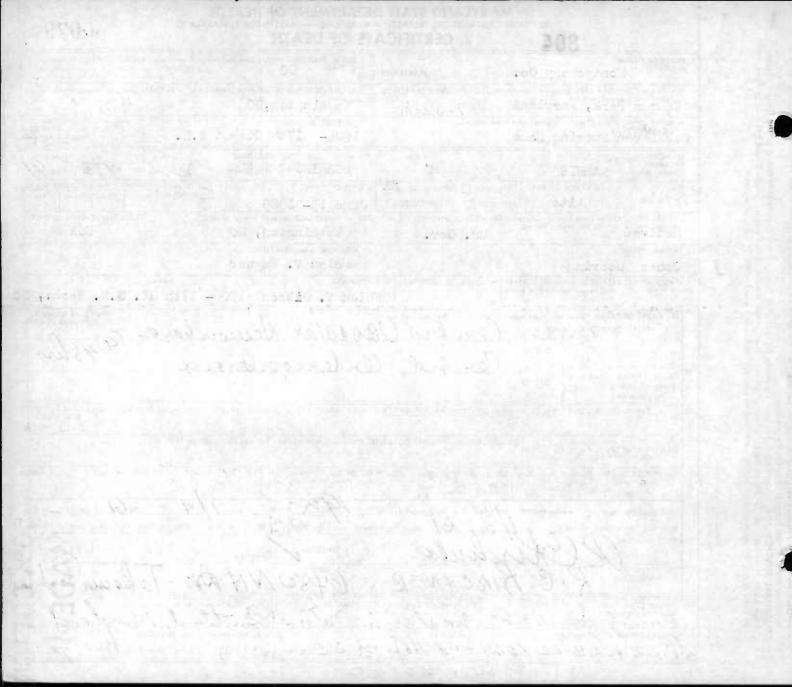


CEPTIFICATE OF DEATH

60797

Poge 4	director, led with	M
TO HOSPITAL (ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or death. Page 4 may be remined by the hospital or offending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.	
ST.	by the	うりょ
1 24 hou	illed in es 1 on	. 40
d within	pletely f rs. Pog after de	
execute	nd cam	
cote be	sicion o ve corba	
th certifi	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.	
the deoi	e ottencien plea	
es thot	ed by th rmit. Th oval, an	
v requir	en signe onsit per	
The lov	hos be virial-tra	0
ICIAN:	as the buriol, cre	
G PHYS	er this ce for use iar to bu	
TENDIN	OR: Afte	1
The by	DIRECT Id be de	
SPITAL be reta	NERAL 3 shou	
TO HC	TO FU poge the S	2
VR A	9/59	Be

	304		CERTIT	CAIL	OI DEATH					
1. PLACE OF DEATH a. COUNTY Mo	ontgomery O	0.	MARYL		o. STATE DC	nere deceased li	ved. If institution b. COUNTY	on: Residence be	efore admiss	sion)
b. CITY OR TOWN RURAL ond give	(If outside corporate lineorest town)	nits, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF a Washington	-	e limits, write Rl	URAL and give	nearest town	1 2
d NAME OF HOSE	Nursing Ho	give street	doddress)		d. STREET ADDRESS	Street	S.E.			SIDENCE FARM?
3. NAME OF DECEASED (Type or print)		irst	Middle M ●		Lost DOERING	4. DATE OF DEATH	Moni	th 9	Day	Yeor 19 6/
5. SEX Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIER DIVORCED		ate of Birth une 13-188	9.	lost birthdoy) 75 yrs.	Months Day		ER 24 HRS.
10a. USUAL OCCUPAT during, most of wo Retired	ION (Give kind of worl orking life, even if retire	done 10b.	KIND OF BUSINESS OR			or foreign coun	itry)	12. CITIZEN	OF WHAT O	OUNTRY?
Jonas D	pering			1.	Helen V.					
15. WAS DECEASED EV (Yes, no, or unknown)	YER IN U. S. ARMED FO (If yes, give war or dates o		SOCIAL SECURITY NO.	17. INFOR	mant en V. Gibso	n 1908	Addr - 17th		. Was	h., D
Conditions, if gove rise to couse (o), statin lying couse lost	immediate g the <u>under-</u> DUE 1	(b) (b) (c)	oxelfrol		CULAR A	elero		14	19. WAS PERFO	DRMED?
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter noture of injury in	Port I or Port II	of item 1B.)			
20c. TIME OF INJU	10	eor 20d. II While of wor	Not while	20e. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc	n, 20f. (City or	town)	(Coun	ty)	(Stote
21. I certify the sow the decered 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		Sty girling	ded the deceased of 1961, and 1961,		h occurred of ATTENDING MPHYS.	2	e couses on			
23a. BURIAL, CREMAT REMOVAL (Specif		-61	23c. NAME OF CEME	TERY OR CR	EMATORY National	23d. LOCATIO	IN (City, town, of	many	land	1e)
24. FUNERAL DIRECTO	R'SSIGNATURE	166	1-gd Ho	the Rd	JE 250. REC	D BY REGISTRA		STRAR'S SIGNA		
		2	rask 20	00						



66798

		Thom Ol Wille	1070	7 25 67 0+				
1. PLACE OF DEATH a. COUNTY		MARYI		USUAL RESIDENCE (Who	b.	If institution: Res	sidence befare od	lmissian)
	tgomery			New He				
b. CITY OR TOWN (I RURAL and give no	If autside carporate limits, writ	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or	utside carporate limi	ts, write RURAL	ay give neares	town)
Betl	hesda	9 Days		Newa rk				1-3
OR INSTITUTION	TAL (If not in haspital, give stro			d. STREET ADDRESS			O	RESIDENCE
The	Clinical Cent	er		200 Wee	quahic Ar	zenue	163	S NO [3]
3. NAME OF DECEASED (Type ar print)	Bessie	Middle (None)	Dolgan	4. DATE OF DEATH	Month January	19.	Year 1961
5. SEX Female	7.12 7.1	ARRIED NEVER MARRIE		ate of Birth by 1, 1911	9. AGE last	(In years birthday) Mani	ths Days Ha	
10a. USUAL OCCUPATIO	ON (Give kind af wark dane 1				or foreign country)	112	CITIZEN OF WHA	AT COUNTRY
Medical Tec	king life, even if retired)	os. Kindo Or bosiness of	K II VOOSIKI	New Jerse			USA	
3. FATHER'S NAME			14	. MOTHER'S MAIDEN N	AME			
Issac Dolg	gan			Gussie Mer	ndelsohn			
5. WAS DECEASED EVE		16. SOCIAL SECURITY NO.	. 17. INFOR	MANT The Me	dical Rec	ordddresth	e Clinic	al
(Yes, no, or unknown) No	(If yes, give wor or dates of service)	None	Cer	ter, Bethes			0 0111110	CA adm
18. CAUSE OF DEA	ATH [Enter anly one cause pe	er line far (a), (b), and (c).]		0 1				L BETWEEN
PART I. DEA	ATH WAS CAUSED BY:	Strabular	204411	1 Sook	10 101		SONSET	AND DEATH
10	IMMEDIATE CAUSE (o)	Syaph grow	otru	a sepit	eomica		134	7
- 1	O X DUE TO	9	/	/.				
Canditions, if a		d ermaj	muyo	outs		2011111		
gave rise to i		1	(/,	111	1			
lying cause last.	(c)	Carcinom	A H	My Brei	251			
PART II. OTH	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEA	ATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN	PE	AS AUTOPSY ERFORMED?
20g. ACCIDENT WA	CAUSE OF DEATH	DESCRIBE HOW INJURY OF	CCURRED. (E	nter nature of injury in P	Part I ar Part II af it	em 18.)		
	MEDICAL EXAMINER)							
20c. TIME OF INJUR Hour o. m.		d. INJURY OCCURRED		OF INJURY (Hame, farm, street, affice bldg., etc.		1)	(County)	(State
p. m.	19 at	hile Nat while wark at wark						
	at (I) (this haspital) atte	anded the deserred	tram Jar	mary 10 10	61 . Jani	ו 19 שיו בו	10 67 that ((1) (140) (0)
	sed alive an Januar							
22a. SIGNATURE	sed dilve di carraci	112_37_01 , and	that dear	n accurred at 7_A	w, from the co	juses and an	the date sta	22b, DATE
2)00	100 B	Donalymi	a MM.D.	ATTENDING ME	D. STAI	FF S. D	1/	19/61
22c. PHYSICIAN'S		U // GEORGE		22d. ADDRESS The		Center	, Nation	
NAME (Type)	Daniel B. Drac	chman, M.D.		Institutes				
22- BURIAL COCKA	DN, 23b, DATE THEREOF	In NAME OF STATE	TTERV OR CE					
23a. BURIAL, CREMATIC REMOVAL (Specify)	That was a	23c. NAME OF CEME			23d. LOCATION (C	ny, rawn, ar cou	niy)	(State)
BURIAL	141111	61 HEBREW	CKME	TREE	NEWA	RM	Ν.	4.
4. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS			BY REGISTRAR	25b. REGISTRAR	'S SIGNATURE	
Burnard St	Lucavator offen	s 3/01-11	451.	MABIAN . WY	2 3 '61	0.72.0	9 House	

death. Page 4 may be revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

400

TO HOSPITAL VR A15 (4) 15M 9/59

MIANG TO TRANSPORT OF DIAME.

The Community of the second se

ndosimon etamo Nestros sul joses Espanningo

- YESTSA DELEGIS

or the source of the state of t

Time (Standard Market M

FOR STATE HEALTH DEPT please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any syent within 72 hours after death. necessary, MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any de

TO DEPUTY

VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH SMEDICAL EXAMINER'S

	. COUNTY	e. STATE b. COUNTY	sidelice belote admission/
	Montgomen MARYLAND	Mary land Mon	lyoner
	o. CITY OR TOWN (if our side corporate timits, write BURAL and give nearest town).	c, CITY OR TOWN Woulside corporate limits, write RURAL and	give neerest lown
	NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	5/04 Wasaharta R	ON A FARM? YES NO NO
3.	NAME OF DECEASED Type or print) Rudolph John	Last 4. VATE Month OF DEATH	Dey Yeer 196/
S.	AN IAI		YEAR IF UNDER 24 HRS. Hours Min.
10a	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUS'	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
do	Bullaw Honsing,	Penney branca	US A
13.	John Diminie	14. MOTHER'S MAIDENTAME Julia Mendini	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. no. or unkown) (Ifyesgivewerordelesofservice) 111-05-7199	Thuse Milwile And to so	lave-
	18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	reless pa	ONSET AND DEATH
	420, / DUE TO		
	geve rise to Immediate cause		
	(e), steting the underlying cause lest. (c)		HUTCH MA
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	(Enter neture of injury in Pert I or Pert II of item 18.)	
MEDICAL		ACE OF INJURY (Home, farm, clory, street, office bldg., etc.) (Coun	ty) (State)
	21. I certify that I took charge of the remains described above, h	neld an Autopsy . Inspection . Inquiry .	and in my opinion
	death resulted from: Natural causes . Accident . Sui	cide, Homicide, Undetermined manner	
	4 . 1	CHIEF MEDICAL EXAMINER	
	SIGNATURE SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S FLANK J. BUSCHENT	Address (Street, city, town, or county)	9-61
226	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C REMOVAL (Specify) Dan 23 1961 Aslington Da	or CREMATORY 22d. LOCATION (City, town, or country)	(Slete)
23	FUNERAL DIRECTOR ADDRESS W	A REC'D BY REGISTRAR 246. REGISTRAR'S SIG	
0	4. Hono WEVOL 2224-Wis	Circ DATE N 23 161 Outhur S. H	rank

pay but may me Menty net Doll plen so he frey to 5104 was what to let Setwern Hagett Eucolph wohn direct 7-15113 47 M Builder Homer Generalham usp John Dimerce Julia Menden, if we was to the sell of the me Milyer) come so have Fine C Tours 1981 Brown Pater Com Willes Tin I See The San State of the Contract of t

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIFICATE OF DEATH

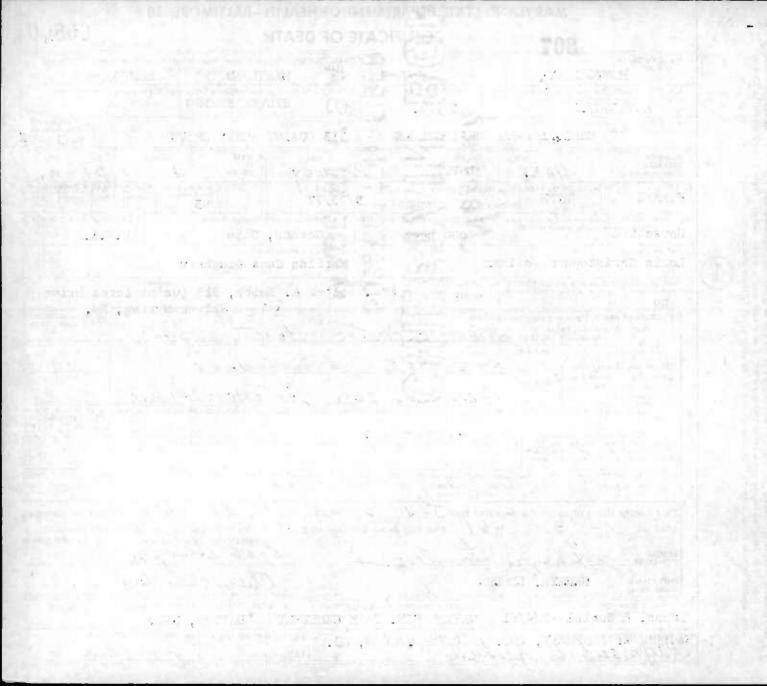
00800

Orthur S. Ferans

	207	CERTIFIC	AIL OI DEAII			Reg. Di	st. No.		
a. COUNTY	ONTGOMERY	MARYLAND	2. USUAL RESIDENCE (WI a. STATE	here deceased	d lived. If institution b. COUNTY				ian)
b. CITY OR TOWN RURAL and give KENS	I (If autside carporate limits, write nearest (awn) INGTON	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	LVER SI		URAL and	give nec	arest tawr	1)
d. NAME OF HOS OR INSTITUTIO	PITAL (If nat in haspital, give stree N CARROLL HALL		d. STREET ADDRESS 313 QUAIN	r ACRES	S DRIVE				FARM?
3. NAME OF DECEASED (Type or print)	MARY	Middle LOUETTA	DONLEY	4. DATE OF DEATH	Man	ith	Do		Year 19 6 /
5. SEX FEMALE	MHTTE	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH / 9/23/77		9. AGE (In years last birthday) 83 yrs.	IF UNDER Manths	Days	Haurs	Min.
Oa. USUAL OCCUPA during most of w Housewife	TION (Give kind of wark dane 10) varking life, even if retired)	own home	USTRY 11. BIRTHPLACE (State Goshen		ountry)		S.A		OUNTRY
3. FATHER'S NAME Louis Chi	ristopher Wellne	r	14. MOTHER'S MAIDEN I		ughman				
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FORCES? 1(If yes, give war or dates of service)	6. SOCIAL SECURITY NO. NONE	INFORMANT s. Walter A. S	Smith,		nt Ac		Dri	ve
	DEATH [Enter anly ane cause per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Jine far (a), (b), and (c).] STERIOSCLER SSENTIAL	HYPERT	4RT	DISE	ering esc	INI	ERVAL BE	TWEEN DEATH
gave rise ta cause (a), stational lying cause la	immediate DUE TO	SENERA LI	ZED AR	TERIO	SCLERO	2/2	27.1/-1/1	D WAS	ALITOREY
PART II. C	THER SIGNIFICANT CONDITIONS	SENIL!	Y Y	IINAL DISEASE	E CONDITION GIV	EN IN PAR	(1 (0) 1	PERFO	RMED?
	WAS UNDERLYING (1) 20b. DE NG (1) CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURI	RED. (Enter nature af injury in	Part I ar Part	t II of item 18.)				
20c. TIME OF INJ Haur a. n p. n	n. Whil		PLACE OF INJURY (Hame, farm factary, street, affice bldg., etc		ar tawn)	(1	Caunty)	100	(State
21. I certify alive on	that I attended the deced 1 - 3 / 19 Alwayra	/ /	16 , 19.59 , to th occurred at 6 P		the causes on treet, city or town,			stoted	
PHYSICIAN'S NAME (Type)	HENRYM. LOWD	EN		Chen	1 Chose	, lug			
Tremoval (Speci	Burial 2/4/61	DAYTON MEM.	OR CREMATORY PARK CEMETERY		TON City, tawn,			(Stat	e)
THE PHILDIRECTO	OR PORTATURENT INC.	/ SADDRESS SPRT	NG MD 240. REC	D BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATU	RE	

TO HOSPITAL O VS A15 (4) 15M 9/5B

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs



1	0	0	12	1
U	U	8	U	1

	Ω D S		CLIVIIII	CAIL	OI DEATH	•				001		
1. PLACE OF DEATH o. COUNTY Montgomer			MARYLA		usual residence (Was STATE Virginia	/here decease	d lived. If institu b. COUNT		e before ad	lmission)		
b. CITY OR TOWN (I RURAL and give no Bethesda	f outside corporate limits egrest tawn) (Rural)	s, write c.	17 days	4 1b	c. CITY OR TOWN (IF		rate limits, write	RURAL and gi	ive nearest	tawn)		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspitol, gir al Hospital	ve street odd			d. STREET ADDRESS 734 Kadols		8	3/-	5 0	RESIDENCE IN A FARM? S NO 1		
3. NAME OF DECEASED (Type or print)	First J o		Middle Anne		Lost DONNELLY	4. DATE OF DEATH	Mo	nuary	Doy 5	Year 19 61		
S. SEX			NEVER MARRIED	БК В. С	DATE OF BIRTH		9. AGE (In year	IF UNDER	YEAR IF U	INDER 24 HRS		
Female		WIDOWED [12-23-49		lost birthdoy)	Manths	Doys Ho	ours Min.		
Oa. USUAL OCCUPATION during mast af warl Student	ON (Give kind of work di king life, even if retired)	one 10b. KIN	D OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Ston		ountry)		EN OF WH	AT COUNTRY		
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN				OUN			
Daniel J.	DONNELLY. J	R.			Eva J. JI	STER						
15. WAS DECEASED EVE	R IN U. S. ARMED FORC (If yes, give wor or dates of ser	ES? 16. SOC	CIAL SECURITY NO.	17. INFO				as #2	above			
gave rise to i cause (o), stoting lying cause last.	DUE TO Conditions, if any, which lave rise to immediate ause (o), storing the under ving cause last. DUE TO Conditions, if any, which lave rise to immediate ause to immediate ause (o), storing the under ving cause last. DUE TO (c) Contributing to death but not related to the terminal disease condition given in Part 1(a) 19. Was auto PERFORMED.											
200. ACCIDENT WA	CAUSE OF DEATH				Enter noture of injury in				163	о Д		
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Year	While at wark	RY OCCURRED 2 Not while at work	factor	OF INJURY (Home, for , street, affice bldg., e	m, 20f. (City tc.)	or town)	(C	ounty)	(Stote		
,	it (k (this haspital)				th accurred at	60 ta_ M, fram	Januar the causes of					
22c. PHYSICIAN'S NAME (Type)	Robert V. 1	RACK,	LT,MC,USN		22d. ADDRESS U. S. Nav	CANCE		Betheso	la, Mo			
23a. BURIAL, CREMATIO REMOVAL (Specify) Burial	1-10-61		Arlington				TION (City, fown	, or county)	Virgi	(Stote)		
24. FUNERAL DIRECTOR	-can-	Falls	ADDRESS Church. V	la.	250. REC	JAN 1 0	- 4	SISTRAR'S SIG				

TO HOSPITA RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 however death. Page 4 may be remained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be-filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

	0 - 1 - 1			4 2 4 5
	Palis Course	27 0698		الله المالية المالية
	7 / L dadola Place		in lead Inv	U. S. Na
10 7 71311 6	Paratra	onué	v	
	64-52-31		1.75 1.10	Printle
AEU	Last (2.11			
	E1130 .0 3V		70 , 121 121	ر هدر، دعا قاه
y le e justice	Co er regione	19 S V		
			7.00	
	U. S. Hevell Kespi	EU, O., M.,	Hobert V. RACE	
000 TIV - 000 TO	illus Indole	الأسلان والما	7.1-05-6	In the
		.av (lotaro el.	Luft , encil Laturou	

ge 4	1	ctar,	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	0
n. Pa		dire	filed	1
death		unera	ld be	
Te le	D	the f	shan	
Haurs		in by	and 2	
n 24		illed	les 1	ath.
withi		stely t	Pag	er de
patri		omple	spers.	irs oft
exe		o pue	on po	72 har
ate be		cian o	carb	thin 7
rtifice		physi	втом	ent, wi
ath ce		guipu	ase r	ny eve
ne de		atter	en ple	ina
hat th		by the	. The	I, and
Jires 1		aned t	permit	руоща
v requ	cion.	en sig	ansit p	or re
ne lav	physic	os pe	ial-tro	ation,
À :N	ding	ote h	e bur	crem
SICIA	atten	ertific	os th	urial,
PHY	tal or	this c	or use	r to b
DING	haspi	After	ned fo	h prio
TTEN	y the	TOR:	detach	Healt
Ì	ed b	IREC	d be	o pu
ITAL	retair	SALD	shaul	e Boa
HOSP	may be retained by the haspital or attending physicion.	UNE	ge 3	the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.
TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are death. Page 4	Ĕ	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	bd	the

VR A15 (4) 1SM 9/59 MARYLAND STATE DEPARTMENT OF HEALTH

BO9 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

WEEL C	003	Ite	CERTIF	ICA	TE OF DEAT	H			1.0	862
1. PLACE OF DEATH a. COUNTY Monte	gomery		MARY	LAND	2. USUAL RESIDENCE a. STATE Marv	1	d lived. If institut b. COUNTY			
b. CITY OR TOWN RURAL and give	(If outside corporate limit	s, write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If autside corpo	orate limits, write F	Monte RURAL and	give neare	ist town)
d NAME OF HOSP	oan Hospital	ve street ad	dress)		d. STREET ADDRESS 100 North Street				- 12	IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	Fran Fran		Middle David	I	lost Dorsey	4. DATE OF DEATH	Mor Jar	uary	Day 2	Year 161
s. sex M	6. COLOR OR RACE	7. MARRIED			oct. 28,	1884	9. AGE (In years last birthday) 76 yrs.	Manths		Hours Min.
10a. USUAL OCCUPAT during most af wo Labore	ION (Give kind of work orking life, even if retired)		nd of Business o			rate or foreign of sville,			J.S.	VHAT COUNTRY
13. FATHER'S NAME				PE LO	14. MOTHER'S MAIDE					4 11 110
	Willia	m Dors	sey		Unknown	Anr	na Hamilt	on		
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		CIAL SECURITY NO.	17, IN	FORMANT	H- P	Add	ress	11.5	
No	(if yes, give war or dates or se	rvice;		Har	cold S. Dor:	sey	100 Nort	h Str	eet	
Conditions, if gave rise to cause (a), stating lying couse lost	mmediate DUE TO		neu	m	NOT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GI	VEN IN PA	ONSET S	WAS AUTOPSY
20g. ACCIDENT W OR CONTRIBUTION	oluf Hash	udon	ry For Co	esce). (Enter noture of injury	moch!	Int. 00	stru	-	PERFORMED? YES NO
Y 20c. TIME OF INJU Hour a. m. p. m.	10	While at wark [JRY OCCURRED Not while of work		CE OF INJURY (Home, tory, street, office bldg.,		y or town)		County)	(State
saw the dece	at (I) (this haspital	2			eath accurred all	1960 to	the causes ar			
220. SIGNATURE	n 9.1	fal	ulin	A	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			22b. DATE SIGNED
PHYSICIAN'S NAME (Type)					22d. ADDRESS	Spa	my St	. 5.1	ru S	raing, 1
REMOVAL (Specification)	11-8-6	0/	23c. NAME OF CEME	TERY OF	Tack,	Ro	TON (City, town,	le,	mil	(State)
24. FUNERAL DIRECTO	R'S SIGNATURE	owel	ADDRESS A	s of	DATE	REC'D BY REGIS		ISTRAR'S SI	S Kingy	A

Date: 28 15885 Preciones Sulteted forwarding to assume timed into about. Home white for 5 cl March 44 6 32 mines 100

FOR STATE TEALTH DEPT. 1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 810 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (Where decesed fived, if institution, Residence before admission)

age as.		MARYLAND STATE mel b. COUNTY Monty
	(m)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
you do	(B)	Selice Spring 13 m 41 School Spring
for Soar	7	d. NAME OF HOSPITAL OR INSTITUTION (if not is hospital, give stree address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM
ned ned th.	X	10216 Capital Vaca Cuz 10216 Capital Vaca GET YES NO
etai e St dea		3. NAME OF DECEASED And First And Middle Last 4. DATE Month Day Year OF
to the fier fier fier h		(Type or print) SEX (COLOR OR RACE 7 MADDIED 18. DATE OF BIRTH 19. AGE (1) years 16 UNDER 1 YEAR 16 UNDER 24 HR.
With With	2	last Bighday) Months Days Hours Min.
2, and d 2 d 2 hou		Male VIII A WIDOWED DIVORCED 8-21-22 3 8 yrs. 5 5 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
1, and 1, 27	/_	dona during most of working life, even if retired) Note the second of t
M3. Pages pages within		13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
		Menthen Saddler
form form t. File	/	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address
The formit.		(Yes, no, or unknown) (Ifyesgive war or dates of sarvice)
Will Per	16	VIB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] [INTERVAL BETWEEN ONSET AND DEATH
il in long long long long		PART I. DEATH WAS CAUSED BY: Houte Mystocaland Insufficiency Julianog
Sence a la l		420.1 DUETO (1 (m)
in Office	12	Conditions, if any, which (b) Colonary Occhesion Sidely
iner's d as a or ren		(a), stating the underlying cause last. (c) OR Onorry Cether gollera sis unknown
ord "pen al Examil be used nation,	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
Medica should ial, crer	0.0	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
writing e Chief Page 3		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e.m. p.m. 19 Anothy Month, Day, Year 20d. INJURY OCCURRED At work at w
cate, to the OR: I		21. I certify that I took charge of the remains described above, held an Autopsy 🔀. Inspection 🔲, Inquiry 🔲, and in my opinion
T Cont		death resulted from: Natural causes 💢, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner
e certif arded IRECT		CHIEF MEDICAL EXAMINER
for the	21	SIGNATURE JACOL & SWALLAND. ASSISTANT MEDICAL EXAMINER DATE SIGNED
ase execute the cartificate should be forwarded to the FUNERAL DIRECTOR: its designated agent, prior		EXAMINER'S AANK J. Broschait DEPUTY MEDICAL EXAMINER & 1-26-61
sse ase shou		22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cliy, lown, or country) (State)
940 p		Burial 1/30/1961 Arlington National Arlington Virginia
S. A15ME		Robert A. Pumphrey Bethesda, Maryland 246. REC'D BY REGISTRAR'S SIGNATURE Carthury & Frank
5M 7/59	4	Robert A. Pumphrey Bethesda, Maryland DAMES 3 0 '61 Cuthun & Kraus

Horist TA30, 1961 ... Artington National ... Artington Virginia Honery A. Luttglarey Betaneds, Maryland | Mildows Land

FOR STATE HEALTH TO DEPUTY EXDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any despeasary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 811MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission							
	Montgomery MARYLAND	. STATE Maryland b. COUNTY Montg.							
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)							
	Rockville	X Rockville (rural)							
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDEN							
	Seven Locks Road	Seven Locks Road YES NO 3							
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer							
	(Type or print) Louise Martin Dove	DEATH Jan. 25 19 61							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Age birthday Months Days Hours Min.							
1	female col. widowed Divorced	8/1/1885 To yrs. Months Deys Hours Min.							
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired**: 10b. KIND OF BUSINESS OR INDUSTR housewife.	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland USA							
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Clem Martin	Mery Unknown							
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	V							
	(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	Frances Curtis (daughter) Item 2							
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY: Coronary occlusion	r ound of a							
	LL 20 I DUE TO	in bed							
	Conditions, if eny, which (b)								
1	geve rise to immediate cause DUE TO								
	cause last. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
П	5	YES NO							
- 1	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	inter nature of injury in Part I or Part II of item 18.)							
	G fact	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)							
1	Hour a.m. P.m. 19 While Not While et work et work	ory, sited, office order, etc.)							
	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection K, Inquiry X, and in my opinion							
-	death resulted from: Natural causes \$\frac{1}{2}\$, Accident \(\bar{\chi} \), Suici	ide , Homicide , Undetermined manner							
	1 1	CHIEF MEDICAL EXAMINER							
	SIGNATURE Frank 1. Brownhart	ASSISTANT MEDICAL EXAMINER DATE SIGNED							
4	EXAMINER'S	DEPUTY MEDICAL EXAMINER 1/25/61							
	NAME (Type) Frank J. Broschart	Address (Street, city, lown, or county)							
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)								
	Burial 1/29/61 Carver Memor:								
	23. FUNERAL DIRECTOR Lewden Rockville, Md.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Orthor S. Kroue							

MALTER TO THE MENT ASSESSED AT A YEAR OF TO A STORY 計算ANG 可提出了如何可能但是,但但可能的高度的是AT 100 A的 有色 , for 15th V L Cally the contract of the contract of nevi 252 - SCHO TEL

Division of STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAFE **EXAMINER'S CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) or your files. a. COUNTY b. COUNTY MARYLAND gomera b. CITY OR TOWNER gutside corporete limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA) and give neerest lower drive neerest town) may be retained for your 2 with the State Board of d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE nould be executed within 24 hours after death. If any deltain pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained for buvieth and permit. File pages 1 and 2 with the State Bomoval, and in any event within 72 hours after death. ON A FARM? YES NO NAME OF DATE DECEASED OF (Type or print) DEATH 19 5. SEX IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lest birthdey) WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Tou to a 13. FATHER'S NAME Hyland WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyasgive wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Barbiturate poisoning IMMEDIATE CAUSE (e) DUE TO removal, This certificate should Conditions, if eny, which (b) "pending" gave rise to immediate cause Medical Examiner's should be used as a DUE TO (e), stetling the underlying 50 cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19, WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be rits designated agent, prior to burial, cremati NO R 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Horse, ferfin, While Not While factory, street, office bldg., atc.) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (State) Hour e.m. Not While et work et work 19 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection and in my opinion Inquiry Suicide 3 death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 13/61 Rockville Cemetery Rockville, Maryland P40 0 Burial OH 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Bethesda, Maryland Robert A Pumphrey 5M 7/59 DATEAN 1 3 '61 Calling & Krous

tems 1-25

&ZI ams

Flim

TO DEPUTY M. ICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is recessory, please executed the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directory pages 4 should be farworded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registror prior to buriol, cremation,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 0806 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Montgomer	у	MAR	YLAND	2. USUAL RESID					Mot			
b. CITY OR TOWN IT	f outside corporate limits, write I	URAL C.	D.O.A.		10000	own (IF	3 33 44	porate limits, s	_				
9 10 10 20 15 30 1	ral or institution (if		, give street addre	143)	9421		lls R	un Pa	rk	way		ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	First JOHN		ockford	/	DWYER DWYER		4. DATE OF DEATH	_	nonth	26,	Day		Year 19 61
5. SEX Male	6. COLOR OR RACE 7	MARRIED T				, 18	886	9. AGE (In yet lost birthdoy) 74		Months O	R TYEAR Boys 27	Hours	Min.
Retired 13. FATHER'S NAME	ON (Give kind of work doing life, even if refired) Lip N. Dwy	Rese	of Business or		Wash 14. MOTHER'S M	ing	ton,	D. C.		12. CI		S.	COUNTRY
	(ER IN U. S. ARMED FORC (If yes, give war or dates of ser	ES? 16. SOC	IAL SECURITY NO	. 17. IN	FORMANT W	ife			dress r	San	ne a	18 #	2
Conditions, if a gave rise to Imme (a), stating the cause last.	diate cause		OPONARY				NAL DISEASI	ECONDITION	I GIVE	N IN PAI	RT 1(o) 1		
PART II. OTI	NTRIBUTING []	DESCRIBE HO	W INJURY OCCU	RRED. (En	ter nature of inju	ry in Port	I or Port II	of item 18.)	ij.			120	NO EL
20c. TIME OF INJU Hour a. m. p. m.		While	RY OCCURRED Not while of work	20e. PLAC	E OF INJURY (Ho y, street, office b	ome, form oldg., etc.)	20f. (City	ar town)	9	(Co	ounty)		(Stole)
	hat I taak charge of I fram: Natural co				e, held an A			nspection ndetermine		_	_	, and	find tha
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	FRANK J. B	ROSCH	ART		ASSISTAN	T MEDICA	AL EXAMINER	R 🔲		Jar	1. 2		SIGNED
220. BURIAL CREMATIC REMOVAL (Specify Burial	22b. DATE THEREOF 1/31/196	22c.	NAME OF CEMET		REMATORY		22d. LOCAT	TION (City, to hingto		r county)		D. C	
Robert A.	rs signature Pumphrey	Beth	address nesda, N	lary.			N 3 0 '6		1123	Chun &			

VS. A15ME(5) 5M 9/55

or removol.

	AND STATE DEPARTMENT OF HEALTH OF HEALTH SALTEMOLE. 13		
HIA30 10		HALMARE JACKSHIP	
vaerotino (mys - 5)	Alegan Tale ou	vene venego	riol4
			.642034
m. Section and an artist of	flare iSpe		nidroduš
To de		AND DEPOSE WEST	# 1 He
	1 UES - 29, 1 ask	Dagger a - Chemony - 93 (Dual entre Digmen y sondex	dw afan
	easatase. 1.50	sai, novenusy	
To the visit		Lawrence .	ghtflife 5.5
B. Hyon	Mile. Eligeneth		
asblu g	in the state of	vandaroj de	The State I St.
			College Village College
			or I had taken to the last
			12 350
		THE STREET	Mary Crass
ashington D.C.	Cametery II	at/1861 Oliver	
		ophrey Sethorads, M.	Reference A. Phil

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deit please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any givent within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND () () 8 60867

	-			0000
		PLACE OF DEATH	2. USUAL RESIDENCE (Where dacassed lived, If institution: Resi	denca befora admission)
		Monty maryland Maryland	e. STATE b. COUNTY	br
	- E	CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end g	ive nearest town)
		write RURAL and give nearast town)	110 10	
		Seletu Spring 142	Let Dur spung	
		I. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
		9303 Floren Cur	9303 thousa Cuz	YES NO
		NAME OF First Middle	Last 4. DATE Month	Day Year
		Type or print) Graffing 1) C	OF DEATH	1961
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years 11F UNDER 1 YE	
1			(1 2 9 (Basy birthday) Months De	
	40	male white WIDOWED DIVORTID	3-31-1702 38 M	
		USUAL OCCUPATION (Giva kind of work during most of working life, even if retirad)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
1		Tunual director The S. H. Hin	es N. L. al.	Sa
\	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		made Sugar	9 1/2000	
1	15.	WAS DECEASED EVER IN U.S. ALMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	
	(Yes	, no, or unkown) (Ifyasgivewar ordatasofservica)	20.9	7
	У	es 418-09-3945 <i>N</i>	my inglest serve	
		1B. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
		IMMEDIATE CAUSE (6) Concery	Jerlesen	sudden
		420, 1 DUE TO		
		Conditions, if eny, which \ (b)		
		gava rise to immadiata causa		
		(e), stating the underlying DUE TO		
	-	cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T BELATED TO THE TERMINAL DIFFACE CONDITION CIVEN IN DARK	1, 10, 1,11,5, 1,17, no.
	é	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	I KELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(I	PERFORMED?
	3			YES NO
	CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	nter neture of injury in Pert I or Pert II of item 18.)	
		CAUSE OF DEATH.		
	CAL		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta)
	MEDIC	Hoof o.m.	ory, street, office bldg., etc.)	
	₹ .	P 17 P D		1
		21. I certify that I took charge of the remains described above, he		and in my opinion
		death resulted from: Natural causes 3, Accident , Suici	de, Homicide, Undetermined manner	
ż		0- 0	CHIEF MEDICAL EXAMINER	
Ř,		SIGNATURE THAT I MAY THAT	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
6		EXAMINER'S -	DEPUTY MEDICAL EXAMINER \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/ /
		NAME (Type) FLANK - Brachast	Address (Street, city, town, or county)	~ /
	22e.	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR		(State)
	h	purial 1/21/61 Ft. Lincoln	Cemetery Prince Co.	3.5.2
i		FUNERAL DIRECTOR 290 LADDERSTH St.	N.W. 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	IATURE
i			D C	
		he S.H. Hines Co. Washington 9,	D. C. DATE JAN 23 161 Critica S. H	Notice

THE RESERVE OF A STREET AND A STREET WAS A STREET, WHEN THE PROPERTY OF THE STREET, WAS A STREET, WAS A STREET, WHEN THE PROPERTY OF THE STREET, WAS A STREE MYALIG BO STADISTING WIREMAND LADIONS Construction of the parties of the Parties of the The same and the same of the s The Birth of the range of the state of the s

oge 4	ector, d with	1
TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4	may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	
after d	shauld	
haurs	d in g	
thin 24	ly filled	
ited wi	mpletel	_
execu	and ca	r death
cate be	sician ve carb	urs ofte
certifi	ng phy e remo	72 hou
e death	attendi n pleas	within
that the	by the	y event
quires	igned	In on
law re	been :	ral, and
N: The	ding phate has	r rema
FSICIA	certific s as the	tion, a
AG PH	spital of er this for use	, cremo
TENDI	the har	Durial.
AT	BECT De de	or and
PITAL	may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed 3 shauld be detached for use as the burial-transit.	the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.
SOH C	FUNI Poge	the reg
1	T	

VS A15 (4) 15M 9/5S

		MA	KYLAN	ND STAT	E DEPA	KTME	NT OF H	EALTH	H—BAI	LTIMO	RE, 18	3		
		81	15		CERTII	FICA	TE OF D	EATI	Н			Reg. Dist.	No. () (3868
a. CO	OF DEATH UNTY MC	ontgome:	ry		MARY	LAND	2. USUAL RESID	iaryl	Nation -		institution OUNTY		before adm	
b. CIT	Y OR TOWN O	If outside corpora learest town)	te limits, wr	ite c. LENG	TH OF STAY	IN 1b	c. CITY OR T	own (IF a		orate limits,	write RU	RAL and give	nearest to	wn)
d. NA OR		TAL (If not in hose		reet address)			d. STREET AI			Place	e			ESIDENCE A FARM?
NAME DECEA	OF (SED or print)	Edv	First Win	3.39	Middle C		Lost		4. DATE OF DEATH		Month Jan		Doy 6	Year
sex Ma		6. COLOR OR I	RACE 7. A	MARRIED N	EVER MARRIE		. DATE OF BIRTH	1		9. AGE (I	n years I	FUNDER I Y		1
a. USU	AL OCCUPATI	ON (Give kind of king life, even if r	work done			R INDUST	TRY 11. BIRTHPL	ACE (State		country)	yes.		N OF WHA	AT COUNT
3. FATHE	ER'S NAME			U. S	. Gov		14. MOTHER'S	MAIDEN I				US		
	David DECEASEDEVI	ER IN U. S. ARMEI (It yes, give wor or do		16. SOCIAL S	ECURITY NO.		FORMANT nna S.		bson s-wi	6	Addre			
gav	PART I. DE, n ditions, if c we rise to i se (a), stating g cause last.	ony, which) immediate { the under }	O BY: USE (o) UE TO (b) UE TO	Hyper	l vas	culer	z accider	st				(DONSET AN	gith year
20g. OR CO		AS UNDERLYING OF DOMESTICAL EXAMI					NOT RELATED TO			12		N IN PART I(o) 19. WAS PERF YES [ORMED?
	TIME OF INJUI Hour a. ft. p. m.		, Year 20	od. INJURY OC	CCURRED while work	20e. PLA	CE OF INJURY (Fory, street, affice	lome, farm bldg., etc	20f. (Cit	y or town)		(Cau	nty)	(Sta
ACTL SIGN	I certify the on	hat I attended Ir Josep Or Jo	6 ,1	nrich			, 19 <u>60</u> occurred at 1.D. <u>64</u>	50 1	DM, from Address (S	m the co	luses and or town, st		date sta	
22a. BURI	IAL, CREMATIC OVAL (Specify	ON, 22b. DATE TI		22c. N/	ME OF CEME				22d. LOCA	ver S	town, or	county)	(Si	ate)
	RAL DIRECTOR	20117414013 35		ADI					D BY REGIS	-		RAR'S SIGNA	9	

PER IL APPEAR AND THE OF DEATH AND TO	CERTIFICAT	3.18
The same of the sa		une to the
		The Later
		Estat progra
A 7-0-	A Three series	THE STATE OF THE PARTY OF THE P
	Mary Mary	
		ASSES
LEWISTON CONTRACTOR CONTRACTOR		
and an english twintrNO(2) ta _a _bgr. an subject of an active count of with M 300 St. to be use an effective.	to the last of the	The state of the s
We have the second come	1600	Sheet worth
on the metal, our niepatrite orea		
The first was a wind a second	A DIE TO STEEL	
		govern A droop

ALARYLAND STATE DEPARTMENT OF HEAPTH-BALTHMORE 18

210

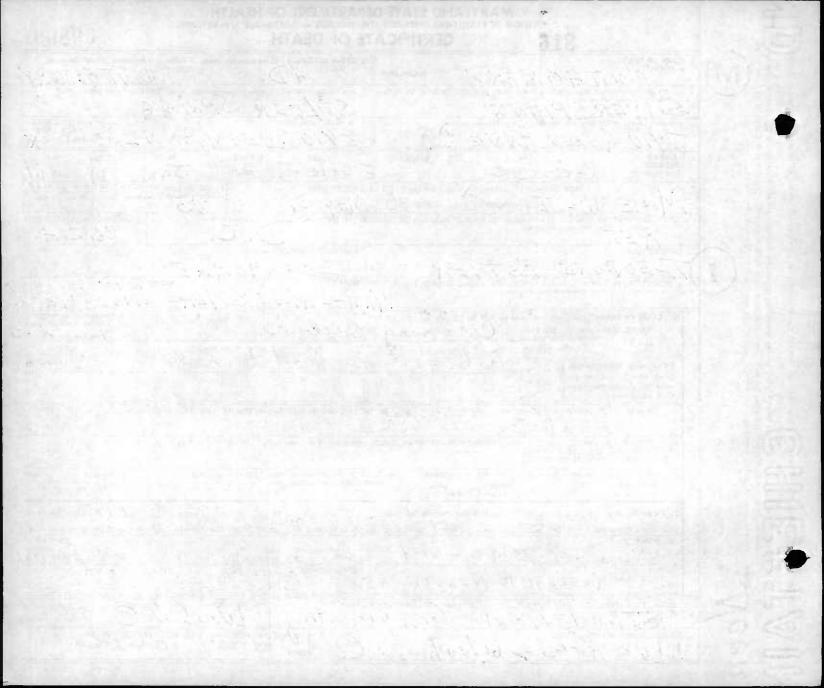
0.0809

	O	10	-		IL OI D					,0000
1. PLACE OF					2. USUAL RESI	DENCE (Where	deceased lived.		esidence befor	e admissian)
8. COUNT	MONTG	OME	RV	MARYLAND	O. STATE	MD.	Ь	. COUNTY	24116	OMERY
	TOWN (If outside connd give nearest tawn)	rporote limits, w	rite c. LENGTH OF	STAY IN 1b	c. CITY OR	TOWN (If outsi	de carporate lim	its, write RURAL	ond give near	rest tawn)
SX/	VER.SI	PRIN	6		SPI	VER	JP.	KIN 6	14	
	OF HOSPITAL (If not in	haspitol, give s	treet oddress)		d. STREET A	ADDRESS		Balas	7	ON A FARM?
17	O GUEE	N ITN	NEDA	,	841	0000	EENI	1410 IV	EMI	YES NO
3. NAME OF DECEASED	0	First		Middle	1 los		DATE OF	Month	Day	Year
(Type or p		sorgi			E3+18		DEATH	JAN	1)	19 6/
S. SEX	6. COLOR	- Agent	MARRIED NEVER A	Alkileb [B. DATE OF BIRT	H > 10	9. AGE		nths Days	Hours Min.
11/	IE WH	I Best		ORCED	IVINY	0,16	00	1.5 yrs.		
during n	CCUPATION (Give kir of working life, eve	nd of work done on if retired)	106. KIND OF BUSIN	ESS OR INDU	STRY 11. BIRTHPI	LACE (State or I	oreign cauntry)		- APP - 1	WHAT COUNTRY?
\int	211					1	, 6,		Us	B.A.
3. FATHER'S	NAME	-			14. MOTHER'S	MAIDEN NAM	IE			
1/11	OPORE	1.5	TIER		1	DAI	10 KK	2/3		
Y5. WAS DEC		ARMED FORCES? or or dotes of service)		Y NO. 17, IF	NFORMANT	2 1 1 70	E-1.	Address	8410	QUEENI
				K	ATHE	RINE	KST/6	- N- S	11667	SPRIN
	SE OF DEATH [Enter		(lan -		101	2				RVAL BETWEEN ET AND DEATH
1-1	ART I. DEATH WAS CA	E CAUSE (a)	Cercen	wy	Occer	usita			1/2	medica
-	a 00 C	DUE TO	11-4	2	·+ 11	2-1	Desco			G
	ons, if any, which	(b)	Merio	ercer	roll H	earl 2	CHESCO.	45 m		7 week
cause (), stoting the under-	DUE TO								
	ouse last.	(c)	NIC CONTRIBUTION	TO DEATH BUT		D. T. I. F. T. F. D. J.	DISTAGE CONT	DIELONI CINENI I	1010771 120	WAS ALITORSY
NOL	ART II. OTHER SIGNIFI	CANI CONDIIIC	Ins CONTRIBUTING	O DEATH BUT	NOT KELATED TO) THE TERMINA	L DISEASE CONE	DITION GIVEN I	N PAKI I(a) IS	PERFORMED?
200 AC	DENIT WAS LINDSON	UNIC D 20h	DESCRIBE HOW INJU	IDV OCCUPE	D. (Fator nature o	of lainey in Bart	Lor Port II of it	tem IR I		YES NO
20a. ACC OR CON (IF EITHE	IDENT WAS UNDERLY RIBUTING CAUSE R, NOTIFY MEDICAL E	OF DEATH XAMINER)	DESCRIBE HOW INJU	JKT OCCORRE	D. (Enler nature C	or injury in run	TO FOR IT GIT	iem ib.;		
	OF INJURY Month,	Doy, Year 2	od. INJURY OCCURRE		ACE OF INJURY		20f. (City or tow	rn)	(County)	(Stote)
Ho Ho	p. m.		Vhile Not while t work ☐ at work [ctory, street, offic	e bidg., etc.)				
21 1 60	rtify that (I) (this	hasnital) at			·man	\$ 105	P to Ta		106/th	at (I) (we) last
	deceased alive	The state of the s	5 , 19 6 /	and that	leath accurre					stated above
22a. SIG		G11-136-16/64		did fildi d			, main me c	doses and a	II IIIe date	22b. DATE
6	Ywo sel	1 13	Una	ed.	M.D. PHYS.	MED.	TOR PHY	FF 'S.	11	Jan 196
22c. PHY	F (Type)				22d. ADDR	ESS 880	1 Cole	sville	Roal	*
110	Vars.	se11 1:	3. 1) rnal	D M.	15	Silv	Er Spy	cing ?	nd.	
	CREMATION, 23b. DA	ATE THEREOF	23c. NAME OF	CEMETERY C	R CREMATORY	23	d. LOCATION (C	City, town, or co	unty)-	(Stote)
C KEMON	WITTON 1	-1/-	61 Xe	es e	Menat	Lug	Was	ch W.	C	
24, FUNERAL	DIRECTOR'S SIGNATU	RE	ADDRESS	1	P	250 REC'D B		25b. REGISTRA		
4.1	12 /21		Wash	. 1.10	C	DATE JAN	1 2 '61	Cul	wy S. Tho	W/W

may be revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL C VR A1S (4)



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDI	~ A '	OF	DEA	
CERT			$\mathbf{L} 1 = \mathbf{A}$	

Reg. Dist. No. (1811)

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RUPAL—ROCKVIILE d. NAME OF HOSPITAL (if not in hospital, give street oddress) d. NAME OF HOSPITAL (if not in hospital, give street oddress) d. NAME OF HOSPITAL (if not in hospital, give street oddress) d. NAME OF HOSPITAL (if not in hospital, give street oddress) I.O. ALL Amherst Ave. First Middle EVING BLOATE First Middle EVING BLOATE First Middle EVING BLOATE FIRST Month Doy Yeor 7 1961 S. SEX FOMALE OF NOTE BLOATE WIDOWED DIVORCED DIVORCED DIVORCED DOY ROTH DOY WAS DICCASED WIDOWED DIVORCED DOY ROTH DOY WAS HORE OF BRITH Jan. 7 1961 S. DATE OBATH DOY YEOR TO 1961 S. DATE OBATH DOY WAS DICCASED PART I.O. BUSINESS OR INDUSTRY II. BITHPLACE (State or foreign country) WAS Shington, D. C. U.S. A WAS DICCASED FOR IN U.S. ARMED FORCES? Io. SOCIAL SECURITY NO. NONE II. ANOTHER'S MAIDEN NAME VIRGINIA MILLER VIRGINIA MILLER VIRGINIA MILLER III. ANOTHER'S MAIDEN NAME VIRGINIA MILLER VIRGINIA MILLER VIRGINIA MILLER III. ANOTHER'S MAIDEN NAME VIRGINIA MILLER III. ANOTHER'S MAIDEN NAME VIRGINIA MILLER VIRGINIA MILLER III. ANOTHER'S MAIDEN NAME III. ANOTHER		COUNTY MON	tgomery		MARYLAN		o. STATE Mary		b. COUNTY	Residence bef	
A NAME OF HOSPITAL (He not hospital quie treet oddress) d. NAME OF HOSPITAL (He not hospital quie treet oddress) d. NAME OF HOSPITAL (He not hospital quie treet oddress) 3. NAME OF HOSPITAL (He not hospital quie treet oddress) 3. NAME OF HOSPITAL (He not hospital quie treet oddress) 3. NAME OF HOSPITAL (He not hospital quie treet oddress) 3. NAME OF HOSPITAL (He not hospital quie treet oddress) 3. NAME OF HOSPITAL (He not hospital quie treet oddress) 3. NAME OF HOSPITAL (He not hospital quie treet oddress) 3. NAME OF HOSPITAL (He not hospital quie treet oddress) 3. NAME OF HOSPITAL (He not hospital quie treet oddress) 4. ACCIONAL OCCUPATION (Give kind of work done) 3. NAME OF HOSPITAL (He not hospital quie treet oddress) 4. ACCIONAL OCCUPATION (Give kind of work done) 5. SEX ALL OCCUPATION (Give kind of work done) 5. SEX ALL OCCUPATION (Give kind of work done) 6. ACCIONAL OCCUPATION (Give k		CITY OR TOWN (If	autside carporate limi	ts, write	c. LENGTH OF STAY IN	1Ь	-		mits, write RUR		-
3. NAME OF DECAMED SHERMAN Light SHERMAN SHERMAN					1 month		Silver S	Spring		X	
NAME OF DECESSO (Type or print) SHERMAN SHERMA		NAME OF HOSPITA		ive street	oddress)					A	e. IS RESIDENCE
DECARSO (Type or print) SHORMAN		OR INSTITUTION	averley S	Sani	tarium	h	0411 Amhe	erst Ave	,	1	YES NO
S. SEK 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOVER 18. DATE OF BIRTH 18.75 NICE 19. ASE (In years it would be birthed) NOVER 19. DEC 15. DATE 19. DEC 18. DATE 19. DEC 19. D	DE	CEASED				F		OF			
Dec 15, 100 Dec 15, 10											1/ 0 ==
100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR UNDUSTRY 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR UNDUSTRY 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR UNDUSTRY 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR UNDUSTRY 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR UNDUSTRY 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR UNDUSTRY 12. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR UNDUSTRY 12. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR UNDUSTRY 12. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR UNDUSTRY 12. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR UNDUSTRY 12. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR UNDUSTRY 12. CITIZEN OF WHAT COUNTR UNDU						1070	10	() las	t birthdoy) N		
House make of working life, even if retired) OWN HOME Washington, D.C. USA It. MOTHER'S MAIDEN NAME Charles Ewing Is. WAS DECASED EVER IN U. S. ARMED FORCES? If yes, give wor or date of service) NONE III. CAUSE OF DEATH [Enter only one cause per ling for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate on the couse (a), stoling the under ling for the under ling for the couse (a), stoling the under ling for the under	10a. l	USUAL OCCUPATION	N (Give kind af work	done 10b.		NDUSTR				12. CITIZEN C	OF WHAT COUNTRY?
13. FATHER'S NAME	H	during most of warking MEMAKER	ng life, even if retired								
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? I. 6. SOCIAL SECURITY NO. NONE III yas, over wor or detect of service) NONE III CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Canditions, if any, which gove rise to immediate couse (c), staling the under: If ying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOFS PERFORMED? YES OR CONTRIBUTING CAUSE OF DEATH HOUR a.m. 19 While Not while of work of the w	13. FA	ATHER'S NAME									
Tree of the property of the	C	harles !	Ewing				Virginia	Miller			
NONE NONE Mr. Allwine, Waverley Sanitarium.					SOCIAL SECURITY NO.	INFO	PRMANT		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE 08 (c) DUE TO Canditions, if any, which gove rise to immediate cause (c). DUE TO Canditions, if any, which gove rise to immediate cause (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOFS PERFORMED? YES NO [CONTRIBUTING COURSED NO [CONTRIBUTING COURSED] NO [CONTRIBUTION COURSED] NO [NO	io, or unknown) (I	f yes, give war or dates of s	ervice)	NONE	Mr.	Allwine.	Naverlev	Sani t	arium.	
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate couse (a), stating the under lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) While of work of work of work of the part in the part II of item 18.) 21. I certify that I ottended the deceased from While of work of work of the course and an the date stated above adoresty (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA APPLIED OF THE COURT OF THE PART OF THE PROPERTY OR CREMATORY ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA 22b. REGISTRAR'S SIGNATURE ADDRESS 24c. REC'D BY REGISTRAR 24c. REC'D BY REGISTRAR'S SIGNATURE	1	B. CAUSE OF DEAT	TH [Enter only one ca	use per li		1	_				
DUE TO Canditions, if ony, which gove rise to immediate couse (c), stating the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOFF PERFORMED? YES NO [20c. ACCIDENT WAS UNDERLYING NOT PART I(a) 20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (I) ETHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year and While of work of the work of the course of the course, office bidg., etc., office bidg., e		PART I. DEAT	H WAS CAUSED BY:	_	ha bah	12:	emic			01	NSET AND DEATH
Canditions, if ony, which gove rise to immediate couse (a), stating the under tying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO [200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Day, Year 19 and While and work of the couse of th		442		1	Marco gara	1	2 /1	/			
gove rise to immediate couse (a), stating the under lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPS PERFORMED? YES NO [OR CONTRIBUTING CAUSE OF DEATH I (F EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 19 always and an advork of laways and an the date stated above alive on p. m. 19 ond that death occurred at the from the causes and an the date stated above alive on physical states and an the date stated above alive on physical states and an the date stated above alive on physical states are stated above and the decrease of the stated above alive on physical states are stated above alive on physical states are stated above alive on physical states are stated above and the date stated above alive on physical states are stated above and physical state		Canditions if on	w which)	117	The state of the	1.	1.17.1	1			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH I(IF EITHER NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)		gove rise to im	mediote (1	The state of the s	er,	a contraction of	1 11	11		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p. m. 19 While at work at work at work at work at work at work at work. 21. I certify that I ottended the deceased from the causes and an the date stated above address (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, PERMOYAL (Specify) 22b. DATE THEREOF ARLINGTON NATIONAL CEMETERY ARLINGTON VIRGINIA ACTUAL SIGNATURE ADDRESS 22d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			he under-	(1)	mie an	16	mo solia	he Hear	1 Nes	oce.	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p. m. 19 While at work at work at work at work at work at work at work. 21. I certify that I ottended the deceased from the causes and an the date stated above address (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, PERMOYAL (Specify) 22b. DATE THEREOF ARLINGTON NATIONAL CEMETERY ARLINGTON VIRGINIA ACTUAL SIGNATURE ADDRESS 22d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	NO	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	RMINAL DISEASE CON	IDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY
20c. TIME OF INJURY Month, Day, Year Hour a.m. p. m. 19 While at work at work at work at work at work at work at work. 21. I certify that I ottended the deceased from the causes and an the date stated above address (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, PERMOYAL (Specify) 22b. DATE THEREOF ARLINGTON NATIONAL CEMETERY ARLINGTON VIRGINIA ACTUAL SIGNATURE ADDRESS 22d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	SE										
21. I certify that I ottended the deceased from I Courty, 1960, to the from the causes and an the date stated above address (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, PRODUCT (Stote) BURIAL (Specify) 1/11/61 ARLINGTON NATIONAL CEMETERY ARLINGTON VIRGINIA ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (Enter noture of injury	in Part I or Part II of	item 18.)		
21. I certify that I ottended the deceased from I Courty, 1960, to the from the causes and an the date stated above address (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, PRODUCT (Stote) BURIAL (Specify) 1/11/61 ARLINGTON NATIONAL CEMETERY ARLINGTON VIRGINIA ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	Z 2		Month, Day, Yea			e. PLACI	OF INJURY (Home, fo	orm, 20f. (City or to	wn)	(County	(Stote)
alive on	WED		19			Toctor	y, street, office bldg.,	erc			
alive on	2	1. I certify the	at Lottended the	deceas	sed from DCA	ester	2 1960 to	Jan 7	19-/th	ot Llast so	w the decease
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, PERMOVAL (Specify) 1/11/61 ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA ACTUAL ACTUAL ADDRESS (Street, city or town, stote) DATE SIGN AND COUNTY ARLINGTON VIRGINIA ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			nd		/ ;	oth o	1	-3601			
SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, PEMOYAL (Specify) BURIAL (Specify) 1/11/61 ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	1		///////////////////////////////////////	M	1/ ona mor de	.0111 0	corred diz, zz.				DATE SIGNED
PHYSICIAN'S NAME (Type) 22g. BURIAL, CREMATION, PERO DE CEMETERY OR CREMATORY BURIAL (Specify) 1/11/61 ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			when !	11	16 Stade		1010	1 Caroc	RD	17	Jant 61
NAME (Type) 22d. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)			//	-		44/1		11	1	1	0
BURIAL (Specify) 1/11/61 ARLINGTON NATIONAL CEMETERY ARLINGTON VIRGINIA 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			OBERT	1	1 / 4/88	DI	nu /	Losse	1 lon	1 /	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	22a.	BURIAL, CREMATION	N, 22b. DATE THEREC	F	22c. NAME OF CEMETER	RY OR C	REMATORY	22d. LOCATION	(City, town, ar a	county)	(Stote)
MACHED E DIRECTOR	BUR	IAL (Specify)	1/11/61		ARLINGTON N	ATIC	NAL CEMETE	RY ARLII	NGTON.	VIRGINI	Α
Chairment The SILVER SPRING, MD. DATE 12 61 Only & Thous	23. FU			. /							
	C	aymend	THE YEAR IN	Cha	SILVER SPRI	NG,	MD. DATE	12'61	arihu	1 S. Flrau	A

The state of the s The state of the s The party of the state of the state of the with the party than the second will like a 2016.

FOR STATE HEALTH DEPT

TO DEPUTY NEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or list designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Ω1 O MEDICAL EXAMINER'S CERTIFICATE OF DEATH

010 medical examiner	10014
1. PLACE OF DEATH •. COUNTY MONTGOMERY MARYLAND	e. STATE MARYLAND b. COUNTY MONGTOMERY
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) SILVER SPRING 7 years	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) SILVER SPRING
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE
9910 LORAIN AVENUE	1 9910 LORAIN AVENUE
3. NAME OF DECEASED (Type or print) STANLEY LIVINGSTON	FANT , SR. DATE Month Day Yeer OF DEATH JAN. 1 1961
MATE INTER	5/22/03 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK 10b. KIND OF BUSINESS OR INDUSTR U.S. GOV*T. POST OFFICE	11. BIRTHPLACE (State or foreign country) WASHINGTON, D.C. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME GEORGE PAYNE FANT	14. MOTHER'S MAIDEN NAME BLANCHE MAY WELCH
/Ver no or unknown) (//fiversive.unreadates.efee.e/ee)	Address a. Blanche M. Welch, 9910 Lorain Ave. Silver Spring, Milkval Between
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to Immediate cause (e), steling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	ON SET AND DEATH SUDDEN OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
	Enler neture of Injury In Pert I or Pert II of item 18.)
	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (County) (Stete)
21. I certify that I took charge of the remains described above, he death resulted from: Natural causes X., Accident . Suicident . Suicide	ide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER
EXAMINER'S FRANK J BROSCHART	DEPUTY MEDICAL EXAMINER 1/2/61 Address (Street, city, town, or county)
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 1/4/61 ARLINGTON NAT 1	
PAGINER PRECTOPUMPHREY, INC. SILVER SPRING,	MD. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JAN 6 '61 Grilling S. Kraus

REPORT OF THE CARREST OF THE PROPERTY OF DIATES STATE OF STREET THE PART OF STREET as the last of the state of the AND SERVER BUTCHES, MAIL TARREST CANDED AND A CONTRACT OF A STREET, A VEROLETA CONTRACT and the about the seattle of

	DIVISION OF	STATIS
	-819	
LACE OF DEATH		
RURAL and aiv	N (If autside carporate limits, write re nearest tawn) thesda	c. LEN
. NAME OF HO	SPITAL (If not in hospital, give street	oddress)

lontgomery	MARYLAND	
f autside carporate limits, write	c. LENGTH OF STAY IN 16	

a. STATE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission b. COUNTY Montgomery c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

Bethesda

Windsor Lane

e. IS RESIDENCE ON A FARM? YES NO NO

OR INSTITUTION Suburban Hospital NAME OF

First Middle 4. DATE Year Month BLANCHE Jan. 20 H. FEATHERSTONHAUGH DEATH 1961 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH

de STREET ADDRESS

4549

Female White during most of working life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

WIDOWEDS DIVORCED T

Nov. 1892 68 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)

12. CITIZEN OF WHAT COUNTRY?

Retired

16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME

U.S. A

INTERVAL BETWEEN ONSET AND DEATH

13. FATHER'S NAME

No

DECEASED

(Type ar print)

John M. Hickman

(If yes, give wor or dates of service)

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

(b)

Rose McKenna

Marion, Iowa

Address

Manths

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO

ARTERICECLEROTIC HEART DISEASE

17 INFORMANT

cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)

PERFORMED? YES NO NO

> 22b. DATE SIGNED

(State)

CERTIFICATION (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.)

(State) (Caunty)

21. I certify that (I) (this hospital) attended the deceased from... sow the deceased olive on JAN

Buria

MEDICAL

at wark at wark

19

20 .. 196/, that (1) (we) last 6/ and that death occurred at 25M, from the causes and on the date stated above.

22a. SIGNATURE 22c. PHYSICIAN'S

NAME (Type)

Haur a. m

p. m

TOUHY

H.

ATTENDING PHYS. M.D. 22d. ADDRESS

7720 Wisconsin Ave., Bethesda, Md.

23b. DATE THEREOF 23a, BURIAL, CREMATION. REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY Arlington National

23d. LOCATION (City, tawn, or county) Cem.

. to JAN

Arlington, Virginia

1-21-61

24. FUNERAL DIRECTOR'S SIGNATURE

JOHN

Bethesda, Md.

250. REC'D BY REGISTRAR DATE AN 2 5 '61

DIRECTOR |

256 REGISTRAR'S SIGNATURE Onthus S. Kraus

director, filed with filed funeral pe shauld by 42 ond .= campletely filled Pages 1 death hours after pup carbon 72 physician remove attending pleose pup þ permit. remova After this certificate has been signed by the haspital or attending physician. as the burial-transit cremation, burial, page 3 should be detached for the State Board of Health prior FUNERAL DIRECTOR: 0

law requires that the death certificate be

VR A15 (4) 1SM 9/59

26 A 10 10 1	
A A Treat III Attack that	
ubgart7ett	
five a service of the	
AND	
t wheten, some call ages.	
	Love you Will meet the first the fir
TAN DE NAT - JECAN	341 22 A
7726 - imodicain Ave., not heads,	
	e de Junite de Le-de de Le de

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE	
	CERTIFICATE

111020

	820	CERTIFIC	ATE OF DEATI	П			6691	0
PLACE OF DEATH o. COUNTY Montgome	ry	MARYLANI	2. USUAL RESIDENCE (* o. STATE Maryland		d lived. If institution b. COUNTY	ntgome	before admis	sion)
b. CITY OR TOWN RURAL ond give		vrite c. LENGTH OF STAY IN 1	c. CITY OR TOWN (I		prote limits, write R	URAL ond give	e nearest tow	n)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give	street oddress)	d. STREET ADDRESS Route #	1			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Samue	Middle	Finneyfrock	4. DATE OF DEATH	Mon Jamuar		Day	Yeor 19 61
s. sex	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DOWED DIVORCED			9. AGE (In years lost birthdoy) 58 yrs.	IF UNDER 1 Y		
Mechan ic	ION (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Sto		edland	30 - 101	S.A.	COUNTRY?
Ora B. Fir	meyfrock		Cora Davi					
IS. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCES (If yes, give war or dates of service	7 16. SOCIAL SECURITY NO. 17 578-05-5584	The Clinical				'aryla	nd
Conditions, if gove rise to couse (o), stoting lying couse lost	immediate DUE TO	Dromhozen	e carens	ma			ONSET AND	gra.
CATIC		ons <u>contributing to death</u>	BUT NOT RELATED TO THE TER	RMINAL DISEAS	SE CONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?
200. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Year		RRED. (Enter noture of injury PLACE OF INJURY (Home, for foctory, street, office bldg.,	orm, 20f. (Cit		(Cou	inty)	(Stote)
21. I certify th	at (I) (this haspital) a ased alive an January	While Not while of work of wor	m. December 27 It death occurred at 3 M.D. ATTENDING PHYS. 22d. ADDRESS Th	1961 , to 55AMram MED. DIRECTOR DI	STAFF PHYS. CE	1/J	late states 27 15/61 ationa	d abave 2b. DATE SIGNED
23a. BURIAL, CREMATI REMOVAL (Specify Burial	ON, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCA	Health, B ITION (City, town, tons vi 11e	or county)	(Sto	
Frances	R'S SIGNATURE H. Barber	ADDRESS Laytonsville,	25a. RE	EC'D BY REGIS	TRAR 2Sb. REGI	STRAR'S SIGN		

death. Poge 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any every within 72 hours after death. TO HOSPITAL

VR A1S (4) 1SM 9/59

HADERE DATED THE

CASHO	dist.	harren		700	orang finals
		a. Live(soil	19 600		Betses
	19 days located 1. Sample (Allies Finneyaresk January January Marites Sample (Allies Finneyaresk January Janu	dalib ed			
13 31	12011203	Finneydresk	ration	Jenna?	
	85 2021	(OT monthson)		od in	5.54
	E Monutosic St		0/01011		sim to.
		the old		160:1100/1	di di es
-	6		1 1000000000000000000000000000000000000		PARTY SP
100	SI TEMPRES IN		ia et	grangel	
Janotrali .	at the last the last to the last the la	MTZ.			
h.	a all symmetrial		all venoved		
			er of the moon of	a sometiment	FLUTS

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

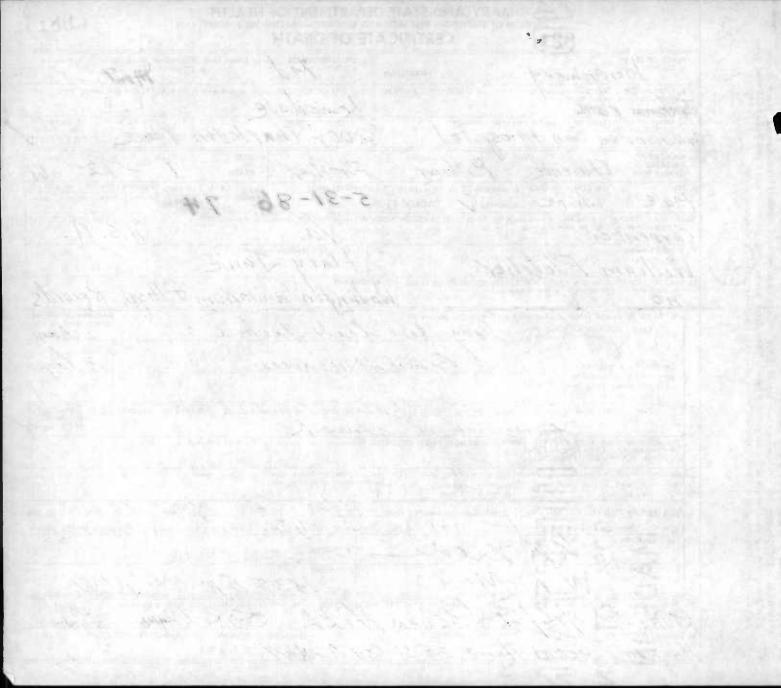
821

00814

de 4	ctor,		1	
h. Pog	direct Ailed	1	1	
deat	funera	N	1)	
130	the short			_
haur	d in b	(2.1	5
hin 24	filled	leath.		
hiw ba	pletely	ofter o		
xecute	Com	nours		
e pe e	an on	£ 5	W	1
tificot	hysici	THE STATE OF		/
th cer	ding p	y ever		
e dec	often	in on		
thot th	by the	l, and		
uires	gned	ешом	V	
w red	een si	٦, ٥٢ ٦		
The lo	hos b	matio		
AN	ficote	ol, cre	0	
HYSIC	s certi	o buri		
NG P	ter thi	prior t		
TENDI	DR: All	ealth		
TO HOSPITAL C ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4	moy be reformed by the hospital or ottending physician. TOFUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, now 3 thought he dischard for use as the burial-transit permit. Then please remove carbon papers. Bases 1 and 2 should be dischard for use as the burial-transit permit. Then please remove carbon papers.	the Stote Board of Health prior to buriol, cremation, or removol, and in ony event, within 72 hours offer death.		1
TAL	AL DI	Boar		
HOSPI	UNER	Stote		
10	10	节	6	1

VR A1S (4) 1SM 9/59

. P	LACE OF DEATH		2. USUAL RESIDENCE (Where d	eceased lived. If institution: R b. COUNTY	Residence before admission
	Mongomery	MARYLAND	1-19.	7	Tent. 1. 600
Ь	CITY OR TOWN (Moutside corporate limits, write RUBAL and give nearlest tayor)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAL	L ond give nearest town)
	Koma Park		rewisdale		1620-5
1	1. NAME OF HOSPITAL (If not in hospital, give, street on MSINITUTION San FHOS	pita /	2004 Char	lecton Pla	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\) DV
-	Stingion - with the	-//-/	noof critici	7-3,000 1700	
C	Type or print) Clarence /	Arthur Middle	7/////	DATE Month DEATH	- 12- 1961
S	1ale White WIDOWE	THE THE THE MARKIED	5-31-86		UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min.
o.	USUAL OCCUPATION (Give kind of work done 10b. during most of working life; even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF WHAT COUNTRY?
_	ATTER'S NAME		14. MOTHER'S MAIDEN NAME	1 ,	
1	Villiam Fletcher		Mary V	anie	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 19	FORMANT //	Address	0 1
	20	Wa	shington Janil	arium Tho	SP. Kecords
1	1B. CAUSE OF DEATH [Enter anly one couse per lin	ne for (o), (b), ond (c).]		1	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	orgesteine.	fear fact	rece 2	2 days
	LIGIX DUE TO		-		
	Conditions, * any, which)	Broucks	frelemack		3 days
	gove rise to immediate DUE TO				
	lying cause last.				
5	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN I	N PART 1(0) 19. WAS AUTOPSY
5	Carcins	rues of s	Sowack.		PERFORMED? YES NO 1
	20g. ACCIDENT WAS UNDERLYING [20b. DESC OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I	ar Part II of item 18.)	
		NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20	of (City or town)	(Caunty) (State)
	Haur o. m. While of world	Nat while foo	ctory, street, office bldg., etc.)	. (City of lowing	(County) (Side)
	21. I certify that (I) (this haspital) attend	led the deceased fram	12/30 19 60	7.ta 1/12	19/2, that (I) (we) last
	saw the deceased alive an	19_6/, and that d	leath accurred of AM,	fram the causes and a	in the date stated above.
	220. SIGNATURE THE W	copis	M.D. PHYS. MED.	OR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) W.R. A	10585	22d. ADDRESS / 835	Eye SX	N.W.
3a.	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY, 23d.	LOCATION (City, town, or co	ounty) (State)
E	DURIAL 1/16/61	CEDAR	4166 3	DUITLAND	170.
4.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY	REGISTRAR 25b. REGISTRA	R'S SIGNATURE
4	ANLON FUNERAL HOR	15-38312	JA Bre MATEN SA	N 19'61 a	rthun & House



2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edmission) b. COUNTY OR TOWN (If outside corporete limits, write RURAL end give neerest town) IS RESIDENCE ON A FARM? YES NO Z AGE (In years LIF UNDER I YEAR IF UNDER 24 HRS Months Hours Dovs 12. CITIZEN OF WHAT COUNTRY! USA Helen L. Wilson Hyattsville Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? NO X (County) (Stete) DATE SIGNED 23d. LOCATION (City, town or county) (Stete) Hyattsville, 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. DATE JAN 1 6 '61 Circhus & Flence

MARYLAND STATE DEPARTMENT OF HEALTH

certificate death

> VR A15 (4) 15M 9/60

7000200 would out to ton Home this I may like .bl slivedingle moult it metal.

Dariel dam LV. 1361 Cerrys vanhanating orgettery days of the

To of the sons a fact the series of the seri

TO HOSPITAL C

VS A1S (4) 1SM 9/S8

CERTIFICATE OF DEATH

Reg. Dist. No. 60816

1.	PLACE OF DEATH o. COUNTY MONTGONERY	MARYLAND	2. USUAL RESIDENCE (When a STATE	b. COUNTY	on: Residence before admission) MOHT COMERY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) KENSINGTOK	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF OUT 39 SILVER	tside corporate limits, write R	URAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION IXENSURED N GARDENS	t oddress)	d. STREET ADDRESS	EDERE BLY	e. IS RESIDENCE ON A FARM? YES NO P
=					
3.	NAME OF DECEASED (Type or print) ELIZABETH	BINDER GA		4. DATE Mon OF DEATH JAN	1. 26 1961
S.	SEX 6. COLOR OR RACE 7. MAR FFMALE WHITE WIDOW		8. DATE OF SIRTH JULY 20, 18	9. AGE (In years lost birthdoy) 24 yrs.	Months Days Hours Min.
100	USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	•	1674
	NOAH BINDER		RACHEL	(unknown)
1S.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	78-09-6678 D	MRS N. TOEL	Addi 1634 B	ress ELVEDERE BLVO S
	PART I. DEATH Enter anly one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under: lying couse lost.	tine for (o), (b), and (c). I wroken eff (l) three sells	thra John the CVR	deserve	INTERVAL SETWEEN ONSET AND DEATH - JAC - B GIS INTERVAL SETWEEN ONSET AND DEATH
IFICATION	PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING 20b. DE	CONTRIBUTING TO DEATH BU			YEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Y
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	Haur a. m. While	L.	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State
	21. I certify that I attended the decear alive an L-VJ 196 ACTUAL SIGNATURE SIGNATURE BRAIN PHYSICIAN'S NAME (Type) WILLIAM BRAIN	Nacrum	accurred at 4 con		that I last saw the deceased d an the date stated above stote) DATE SIGNED
	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL 1 - 29 - 6/ FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY OF MT-LEBANE	N CEMETER		or county) (State) 5 V I LL E 14 D STRAR'S SIGNATURE
23.	Danjansky & St	ne 3501-1	LE ST MOATE FE	1 101	
				- Co	Lain S. Minus

WANTE TO THE THE PARTY OF THE P Chan telephone of the party and the The second section of the second seco

FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decreasary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 824 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 684

		PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
D.A.	80	MON TGOMERY MARYLAND	a. STATE MARYLAND b. COUNTY MONTGOMERY
TA:		b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
199		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS . IS RESIDENCE
1 1 8	1.7		ON A FARM?
Ë	2	SUBURBAN	7601 Cabin Road YES NO
	3.	DECEASED	Last 4. DATE Month Day Yeer OF
D D		(Type or print) ROSE EVELYN CAMBLE	DEATH Jon 26 19
ō	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In Years IF UNDER 1 YEAR IF UNDER 24 HRS.
100		Female White WIDOWED DIVORCED	9/18/77 89 yrs. Months Days Hours
7	10e	USUAL OCCUPATION (Give kind of work pe during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	84	restegii Scientist practimes	England N.S. G
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1		Also by De	also by
			NFORMANT Address
>	110	ss, no, or unkown) (Ifyesgivawarordetesofservice)	1. Nº P.T 3835 Levet st Churchen me
0		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTRVAL BETWEEN
B	1	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OTONARY CO	relusion Onset and Death
, ,		420.1 DUE TO	
0		Conditions, if eny, which (b)	
		geve rise to immediate cause (a), steting the underlying DUE TO	
5		cause lest. (c)	
Non A	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CERTIFICATION		YES NO
5	RTIF	20€. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	ntar nature of injury in Part I or Part II of item 18.)
LIGI.		CAUSE OF DEATH.	
3	MEDICAL		CE OF INJURY (Homa, form, 20f. (City or town) (County) (State)
DI LI	MED	Hour a.m. While Not While p.m. 19 at work at work	
prid		21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection , Inquiry , and in my opinion
à d		death resulted from: Natural causes X, Accident . Suicident .	de, Homicide, Undetermined manner
Di Di			CHIEF MEDICAL EXAMINER
0		SIGNATURE THEY & MARCHAEL	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
B)		EXAMINER'S P. AL TOI	DEPUTY MEDICAL EXAMINER 2 /- 27-6/
S SC		NAME (Type) MANK J. Broschzit	
2	22a	REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or country) (Steta)
ठ		Orimides 1/29/61 Tart for rate	, Com Bladowling O. M.L.
0	23	FUNERAL DIRECTOR P ADDRESS 5103 W	USC . 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
13	(buy Chase Junew Horne Wash.	DC DATE JAN 31 '61 arthur 8. Kisus
1		1 11	

LINE HIT AS OF THE AS INTEREST TO THE MENT AND LEAST OF THE LINE OF THE PROPERTY OF THE PROPER

FOR STATE HEALTH DE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dependency, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, generation, or removal, and in the pages 1 and 2 with the State Board of Health,

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 82 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH COUNTY MON	H NTGOMERY	MARYLAND	o. STATE D.C.	NCE (Where deceased lived, b. CO		dence before admission
write RURAL and	if outside corporete limits, d give neerest town) VER SPRING	c. LENGTH OF STAY IN 1		N (If outside corporate limits, w	rite RURAL and g	ive neerest town)
	TAL OR INSTITUTION (if not	I In hospitel, give street eddress)	d. STREET ADDRES	1	+>x-	ON A FARM?
3. NAME OF DECEASED (Type or print)	First MAURICE	Middle	GARBER?	4. DATE Mo OF DEATH JAN		Dey Year
5. SEX MALE	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED X	8. DATE OF BIRTH 12/20/02	9. AGE (In yee last birthde) 58 yrs.	THOMAS BO	AR IF UNDER 24 HRS.
Attorne	ION (Give kind of work prking life, even if retired)	Dept. of Justic	ce Mass.			S.A.
13. FATHER'S NAME Henry G	Arbero		Elizabet	h Garber		
	YER IN U.S. ARMED FORCES? If yes give wer or detes of service	0)	INFORMANT	Service 1615		St, Boston,
	iate couse	CORONARY OCCL	USION			SUDDEN
	AUSE WAS 20b.	IS CONTRIBUTING TO DEATH BUT			SIVEN IN PART 11e	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU			PLACE OF INJURY (Home, fractory, street, office bldg., e		(County	(State)
~ p.m.						
21. I certify the death resulted		Brown hour	chief Medica			nd in my opinion DATE SIGNED
21. I certify to death resulted		Suschart	Licide , Homicid CHIEF MEDICA M.D. ASSISTANT M DEPUTY MEDIC	e, Undetermined	manner	
21. I certify the death resulted actual signature examiner's	FRANK J. BRO	Suschart	Address (Stree OR CREMATORY Jicide, Homicid CHIEF MEDICA ASSISTANT M DEPUTY MEDIC Address (Stree OR CREMATORY 1 Service	e	manner 1/2 1/2 wn, or country)	DATE SIGNED

A STATE OF A PROMISE AND THE REPORT OF A PROPERTY OF A DESCRIPTION CONTRIBUTE CONTRIBUTED OF BEAUTIMES OF SEATHERS. 22/22/22/02/02 Dopt. of Justice Mars. moderate offering 113 The delication of The second underson | for Funcial Baryton 161; Bancon St., Bonton, TOTAL TORROGER AND MICHELL Resorts 11/2/61 fort superal Service Contar, Man. the transmitted that the transmitted with the

VS A15 (4) 1SM 9/S8

CERTIFICATION

MEDICAL

22a. BURIAL, CREMATION,

REMOVAL (Specify)

with

filed

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

41.55	826		CERTIF	FICA	TE OF DEATH	1		Reg. D	ist. No.	891	19
1. PLACE OF DEATH a. COUNTY	MONTGOMERY		MARYL	AND	2. USUAL RESIDENCE (Who a. STATE MARYLA	ere decease	d lived. If instituti b. COUNTY		NTGO		
b. CITY OR TOWN RURAL and give	(If outside corporate limit: nearest town) SPRING	s, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If o			URAL and	give nec	rest towr	٦)
d, NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, gi				d. STREET ADDRESS 13,203 KARA	LANE		1			FARM?
3. NAME OF DECEASED (Type or print)	Firs G		Middle VILLE LaM	OTTE	Last GIBSON	4. DATE OF DEATH	Mon	MAN.	Da 22	,	Yeor 19 61
S. SEX MALE	00 000 T 100 000 000	7. MARR	RIED NEVER MARRIED		DATE OF BIRTH 3/22/09		9. AGE (In years lost birthday) 51 yrs.	Months 1	R 1 YEAR Days	Hours	Min.
during most of wo	ION (Give kind of work derking life, even if retired) Stock Mgr.				Baltimore,			12.CI	U.S		OUNTRY
13. FATHER'S NAME Frank E	Gibson				14. MOTHER'S MAIDEN N		g				
1S. WAS DECEASED EV (Yes, no, or unknown) NO	ER IN U. S. ARMED FORCE (If yes, give war or dates of sec	(enive			FORMANT , Edna S. Gib	son,	Add 13,203 Ka		ane		
18. CAUSE OF DE	ATH [Enter only one cau	se per li	ne for (a), (b), and (c).]		,	1	Silver Sp	ring	· Mine	RVAL BE	TWEEN

110	D11=09=3034 Fil.	s. Edila D. Groson,	17 8 2 0 2	Mara Lane	
PART I. DEATH WAS C	ronly one cause per line for (a), (b), ond (c).] AUSED BY: TE CAUSE (a)	thrombos	Silver	Spring,	MISET AND DEATH
400.1	DUE TO				
Conditions, if ony, which gove rise to immediate couse (o), stating the under-	(b)				
lying couse last.) (c)				
PART II. OTHER SIGNIF	FICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BU	IT NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION	GIVEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO

20g. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year factory, street, office bldg., etc.) Hour o. m.

(County) (Stote) Not while at work While 19 p. m. at work

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

21. I certify that I attended the deceased fram 196/that I last saw the deceased 3:15M, from the causes and an the date stated above. that death accurred at DATE SIGNED ADDRESS (Street, city or town, stote)

ACTUAL SIGNATURE WILLIAM D. AUD PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY PARKLAWN CEMETERY

22d. LOCATION (City, town, or county)

24a. REC'D 8Y REGISTRAR DATE JAN 2 6 61 246. REGISTRAR'S SIGNATURE

APDRESS SILVER SPRING, MD.

22b. DATE THEREOF

1/25/61

(State)

		26.5
is, and land than		and the contract
All the water to	rited Stanger	
		THE PERSON NAMED IN COLUMN
 A Solitory and A 100 A 100 A		
estion is sent		1300 151 20
destal the second	est stored and	

death. Page 4

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

227

60820

1. PLACE OF DEATH a. COUNTY Montgomer	v	MAR	rLAND	2. USUAL RESIDENCE (* o. STATE Maryland	Where decease	d lived. If instituti b. COUNTY Montg	10000	before admis	ssion)
b. CITY OR TOWN RURAL ond give i	(If outside corporate limits, nearest town)		IN 1b	c. CITY OR TOWN (If outside corpo			re nearest tow	n)
Bethesda		2 days		Bethesda			74	1	
d. NAME OF HOSP	ITAL (If not in hospital, give	street oddress)		d. STREET ADDRESS			1	e. IS RE	SIDENCE A FARM?
	al Hospital			5813 Gre	enlawn	Drive	J	YES [] NO []
3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mon		Day	Year
(Type or print)	Mark	Clarence	ce	GILCHRIST	DEATH	Janu			1961
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRI	ED K	B. DATE OF BIRTH	25/17/20	9. AGE (In years lost birthday)		YEAR IF UND	7
Male	Caucasian w	IDOWED DIVORCE	D 🗀	2-11-59		1 yrs.		7475 110015	, with
during most of wo	ION (Give kind of work don orking life, even if retired)	10b. KIND OF BUSINESS C	OR INDUS	Argent	ina	ountry)		ISA	COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	N NAME				
David M. G	FILCHRIST			Charlotte	Maie RI	TTER			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES) 17. IN	FORMANT		Add	ress	112	
No	(ir yes, give war or dates or service	None	(F)	David M. G	ilchris	t, same	as #2	above	
18. CAUSE OF DE	ATH [Enter only one couse	per line for (o), (b), and (c)						INTERVAL B	ETWEEN
Conge	THER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DE Disease, Cyano b. DESCRIBE HOW INJURY C	otic			4	VEN IN PART	PERF	AUTOPSY ORMED?
	G CAUSE OF DEATH								25
W Hour o. m. p. m.	. 10	20d. INJURY OCCURRED While Not while of work of work		ACE OF INJURY (Home, for tory, street, office bldg.,		y or town)	(Co	ounty)	(Stote)
saw the deced	nat \$\) (this haspital) of assed alive on Jan.	attended the deceased 11 1961, and	that d	eath accurred at	50AM .ta_ 50AM .trom				
22c. PHYSICIAN'S NAME (Type)	Robert V. Ra		SN			spital, B			
23o. BURIAL, CREMATI REMOVAL (Specify Burial)		Mt. Oli				TION (City, town,		(Starylan	
24 JUNESAL DRECTO	x wee hin	Home, Bethese	da,	25a. RI 1d. DATE	EG'D BY REGIS		STRAR'S SIGI		

			*
			ysonus aut
	Aboutded	angrate S	
40 Landon Carlos	5813 Octo		U. S. News Page Col.
to - it yeneng wall			FINE STORY
	To See See See See See See See See See Se		No.la Cancactin
	No. in		
FATH -LO	UnarLower		1819HUGIO 3 Filved
types St as same grainful.	David II. O.	(E)	No
And the second			
		idenie, c,motic	I Jimi Astinophio
18 July 12 12 14 15 148	;	10 1.	
Bell-1 xtarged			
ral Hompirel, Delaceda, Ph.	ut a. a.		Sobert V. Had
Project Cold Record Labora 1995			Burial 1-14-50

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 828

60821

1. PLACE OF DEATH a. COUNTY And Transport MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before add a. STATE b. COUNTY Pri. Geo.	missian)
11////////////////////////////////////	1
5. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give negrest	awn)
B S TO 76 RURAL and give marest town) a Park	0-
d. NAME OF HOSPITAL (If not in haspital, give street address) STREET ADDRESS e. IS	RESIDENCE N A FARM?
S 37 T Washington Sanitarium 1469 - ASbury Courl YES	□ NO □
3. NAME OF DECEASED A First Middle Last 4. DATE Month Day	Year / /
DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If UNDER YEAR	196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Yes. 9. AGE (In years lef under 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR) Manihs Doys Ha Wild Doys Ha	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WH.	AT COUNTRY?
Maryland	
13. FATHER'S NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mather's Chart Address, Or unknown) (If yes, give wor or dates of service)	
ONSET	L BETWEEN ,
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Tromolelly	meland
5 = = 5 DUE TO anencephale do of openion	
Canditions, if any, which (b) Menting (c)	
cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W	AS AUTOPSY REORMED?
	□ NO ₽
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at work at w	(State)
= 0 = 19 19 10 10 10 10 10 10	
	(we) last
saw the deceased alive an 1 and that death accurred at 225 m from the causes and an the date sta	
220. SIGNATURE 220. SIGNATURE M.D. PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR	225 DATE SIGNED
M.D. PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRE	-1
ATTENDING MED. PHYS. DIRECTOR PHYS.	O.DX
23d BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town oc county)	State)
O E O a E	
ADDRESS ADDRESS 26. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE	
15M 9/59 Haulon Huneral Home 3831 - WATE AN DATE JAIN 1001	
2075242 XVD	

death. Page

MARY WEST 1484 - Hoberty Sound Marie Company of the The state of the second second

FOR STATE HEALTH DEPT.

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

829 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission)

	MONTGOMERY MARY		TATE MA	RYLAND	. COUNTY	ONTGO	DMERY
No. of Street, or other Persons	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) SILVER SPRING c. LENGTH OF STA	1	6	outside corporate lin		end give n	neerest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address 113 GROVE STREET		TREET ADDRESS	STREET			e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECEASED (Type or print) NORMA	GOLDS'		4. DATE OF DEATH	Month JAN.	Dey 7	Yeer 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED DIVORCEE			9. AGE (last bi	In years IF UNDE rthday) Months	R 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife The companies of the	N		ITY, N.Y.		U.S.A	WHAT COUNTRY?
1	HARRY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CL		mown)			
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Mor unkown) (Ifyesgive war or datas of service) None			ldstein,			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20b. EXTERNAL CAUSE WAS PRIMARY To or CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH.	rrhage an	1			ON: SUI	set and death dden
- 1					.)		
	20c. TIME OF INJURY Hour a.m. 9:22aa Jan 7 1961 20d. INJURY OCCURRED While Not While at work at work 21. I certify that I took charge of the remains described ab	factory, street	ome		o) (conting)		(State) Co. Md. in my opinion
	death resulted from: Natural causes, Accident, ACTUAL	Suicide K.	Homicide CHIEF MEDICAL EX	AMINER [ined manner	D.	ATE SIGNED
	EXAMINER'S NAME (Type) FRANK J. BROSCHART		DEPUTY MEDICAL E			1/	7/61
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEM REMOVAL (Specify) Burial Jan. 9, 1961 Nat 1. Me		ORY 2	2d. LOCATION (CI		lry)	(Stata)
1	23. FUNERAL DIRECTOR ADDRESS	eet B.W.		BY REGISTRAR 2			RE

TO DEPUTY WEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deligencessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

E01-11/2 NYXX. (Calabora) the married bline and the state of the state of AND LY STERIOR, METAL THE LESS AND LAND. TOTAL COMMENT OF THE PROPERTY Place grade delend and top Data " law. They be the second of the seco THAT BOXES NOT THE THE Surial Course S. 1991 Marth, Mary Park Course Chicago, Vo. Coleber | Tunerel Home #217 9em Stervil 1. H. worth I will be to the I though

NL		MARYL	AND STATE DEPART	MENT OF HEAL	TH-BALTI	MORE, 18	008	23
T		830	CERTIFIC	CATE OF DEA	TH		Reg. Dist. No	
hiled with	1. PLACE OF DEATH o. COUNTY MO	ontgomery	MARYLAN	2. USUAL RESIDENCE (o. STATE Distric		h COUNTY	: Residence befo	ore admission)
a VIVI	RURAL ond give	(If outside corporate limits, nearest town)	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (Washing	If outside corporate		RAL and give ne	grest town)
2 Should	OR INSTITUTION	nical Center		J. STREET ADDRESS		e. N.W.		e. IS RESIDENCE ON A FARM? YES NO
oges – an	3. NAME OF DECEASED (Type or print)	First Mary	Middle Alice	Gooding	4. DATE	Month	Do 2	y Yeor 19 61
	5. SEX Female		7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH August 7.	9.	AGE (In years	FUNDER 1 YEAR Months Doys	IF UNDER 24 HRS Hours Min.
n papers. deoth.	10a. USUAL OCCUPAT during most of wo Domes	rking life, even if refired)	Unknown	DUSTRY 11. BIRTHPLACE (SIGNOTTH Ca		(v)	U.S.A	F WHAT COUNTR
e carbo	13. FATHER'S NAME Frank Cu	ırrence		14. MOTHER'S MAIDELE Ella G				
72 hours	15. WAS DECEASEDEV	YER IN U. S. ARMED FORCE	579-28-8144	The Clanical	edical Re	cords Bethesda	a 14. Ma	rvland
t within		ATH [Enter only one court ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per line for (o), (b), and (c).] Uremia				INT	ERVAL BETWEEN SET AND DEATH Weeks
r permit. The	Conditions, if gove rise to couse (o), storing lying couse lost	ony, which immediate the under-	Bilateral ureters		a			-4 weeks
not-transi	PART II. OT	THER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH		RMINAL DISEASE CO	ONDITION GIVEN		9. WAS AUTOPSY PERFORMED? YEST NO
the bu		AS UNDERLYING COMMON CO	06. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury	in Port I or Part II (of item 18.)		
emotion	20c. TIME OF INJU Hour o. m. p. m.		20d. INJURY OCCURRED 20e. While Not while of work 0	PLACE OF INJURY IHome, for foctory, street, office bldg.,	orm, 20f. (City or etc.)	town)	(County)	(Stote)
derached to to buriol, cr	21. I certify to alive an Jan		deceased from <u>Recember</u> , 19 61, and that dec	12, 19 60, to John accurred at 11:1	LUAM, fram ti	ne causes and	d an the da	te stated abov
strar priar t	PHYSICIAN'S NAME (Type)	VERRY W. BAI	NS, M.D.	Natio	linical (al Insti- sad 14,	tutes Of		1/3/61
poge 4 s		ON, 22b. DATE THEREOF		OR CREMATORY	22d. LOCATION	(City, town, or	county)	(Stote)
(4) /57	25. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS 1432 You Street,	24o. RI	C'D BY REGISTRAR	24b. REGIST	RAR'S SIGNATUL	RE

Manager 1	TARO TO DIADRITADO DE ACOMENTA DE LA COMENCIA DEL COMENCIA DEL COMENCIA DE LA COMENCIA DEL COMENCIA DE LA COMENCIA DEL COMENCIA DE LA COMENCIA DEL COMENCIA DE LA COMENCIA DE LA COMENCIA DE LA COMENCIA DE LA COMENCIA DEL COMENCIA DE LA COMENCIA DEL COMENCIA DE LA COMENCIA DE L	
	The state of the s	

DISTRICT OF COLUMBIA: S. S.

WX/I,

upon our/my oath do depose and say: that, Mary Alice Gooding

January 2, 1961 who died

in the District of Columbia

Wife was our/my

; and, that for a long time prior to his/her death was

Alice Gooding known and referred to as

, and that Mary Alice Gooding

Alice Gooding and

is one and the same person.

IN WITNESS WHEREOF we/I have hereunto set our hands and seal in duplicate, this

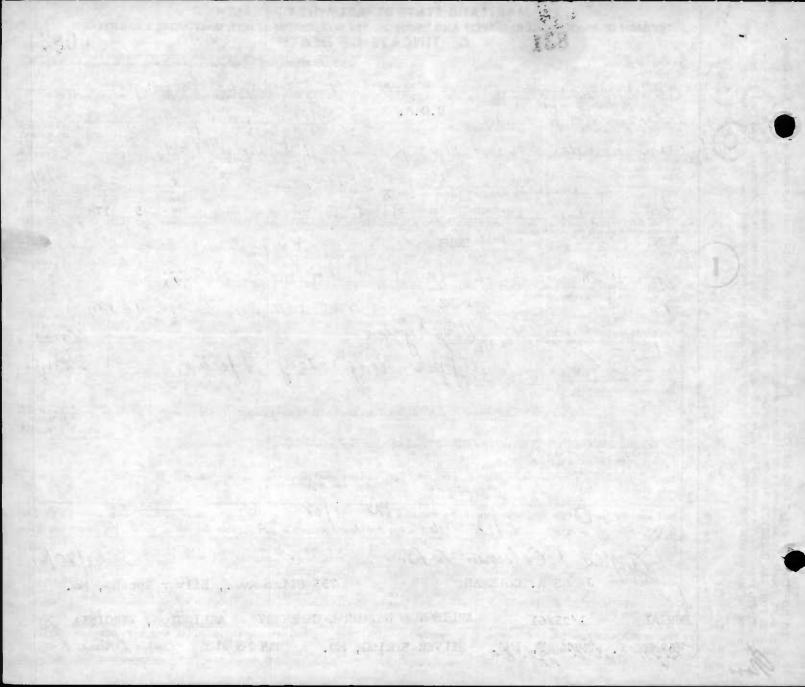
day of

SUBSCRIBED AND SWORN TO REFORE ME THIS 44 DAY

MY COMMISSION EXPINES MARCH 14, 1962

and the second of the second o

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH b. COUNTY e. COUNTY mary and montagenery (If outside corporate limits, write RUKAL end give nearest town) MARYLAND mannery b. CITY OR TOWN (if ourside corpore e limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 e. IS RESIDENCE ON A FARM? YES NO NAMEOF DECEASED DEATH (Type or print) 1/8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 5. SEX 6. COLOR OF RACE NEVER MARRIED lest birthdey) Deys Months and DIVORCED 5 WIDOWED 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 10e. USUAL OCCUPATION (Give kind of work physician remove done during most of working tife, even if retired) NONE MOTHER'S MAIDEN NAM 13. FATHER'S NAME affending d 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Yes, no, or unkown) | (Ifyesgivewerordetesofservice the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1 min IMMEDIATE CAUSE (a) DUE TO respiratory injection Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY After this certificate CERTIFICATION PERFORMED? NO . prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH detached for Health (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) may be retained by DIRECTOR: After 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While WEDI ō et work et work Dept. attended the deceased Com...... 1961, to....., 19...., that (I) (we) last 21. I certify that (1) (this hospital) 1.8......196.1..., and that death occured at. J.A.M., from the causes and on the date stated above. SIGNED MIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. death. Page 4 page 22d. ADDRESS HOSPITA 733 Sligo Ave., Silver Spring, NAME (Type) JAMES R. COLEMAN director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, 236. DATE THEREOF ARLINGTON NATIONAL CEMETERY ARLINGTON. 1/23/61. 0 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE DATE JAN 2 5 '61 VR A15 (4) Circhan S. Frans SILVER SPRING. MD.



BALTIMORE 1, MARYLAND

	DIAISION OF	STATISTICAL RESEARCH MIND	KECOKDS BALLI
33	2	CERTIFICATE	OF DEATH

00825

1	PLACE OF DEATH o. COUNTY Montgomery	MARYLAI		ISUAL RESIDENCE (WH STATE Maryland	nere deceased	b. COUNTY	on: Residence		sion)		
	 CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town) 			CITY OR TOWN (If o	outside corpor	rote limits, write R	URAL ond gi	ive nearest tow	n)		
7.	Bethesda (Rural) d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION U. S. Naval Hospital	reet oddress)		Kensington d. STREET ADDRESS			1	ON	SIDENCE A FARM?		
3=				3402 McCome	T						
nospita 2	(Type or print) Claytor			GRAY	4. DATE OF DEATH	Jan Jan	uary	31	1961		
		MARRIED NEVER MARRIED		TE OF BIRTH		9. AGE (In years lost birthdoy) 60 yrs.		Days Hours	Min.		
	Oo. USUAL OCCUPATION (Give kind of work done)		_		or foreign co		12.CITIZ	EN OF WHAT	COUNTRY?		
ed	Machinist	U. S. Govt.		Maryla	and		U.	S.A.			
ಹ	3. FATHER'S NAME			MOTHER'S MAIDEN N							
	Clark GRAY			Sarah Eliza	abeth	(unknown	-				
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) (If yes, give wor or dates of service)	10. 50 0	17. INFOR			Add		1	Md		
and	Yes WWI	577-09-9659	(S) C	layton A. (Gray,	2300 Blu	eridge	Ave.W	heator		
notified	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. DUE TO DUE TO (b) DUE TO										
Lner	PART II. OTHER SIGNIFICANT CONDITIO	NS <u>CONTRIBUTING TO DEATH</u>	H BUT NOT	RELATED TO THE TERM	INAL DISEASE	E CONDITION GIV	VEN IN PART	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO TO			
Examiner	200. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING 20b. (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (En	ter noture of injury in	Port I or Port	t II of item 18.)					
cal E	20c. TIME OF INJURY Month, Doy, Year 20 Hour o. m. Wort	od. INJURY OCCURRED 20 hile Not while work of work	e. PLACE (foctory,	DF INJURY (Home, farm street, office bldg., etc	n, 20f. (City	or town)	(C	ounty)	(Stote)		
Medi	21. I certify that (I) this position att	ended the deceased from	omI	OA 9:14	5PM.to_	DOA the causes ar	, 19 nd on the	date stote	d above.		
000	220. SIGNATURE	reaves	M.D.	PHYS. 🔀 DI	ED.	STAFF PHYS.		2-1-	61 SIGNED		
	22c. PHYSICIAN'S Paul G. LINAW	EAVER, LT, MC,	USN	U. S. Nav	al Hos	pital, B	ethes	la, Md.			
ontgomery	3g. BURIAL, CREMATION, 23b. DATE THEREOF Burial 2/3/61	23c. NAME OF CEMETE Cedar Hi	11 Ce	metery	PRINC AUGUS		Ma	aryland	ote)		
UOW W	Fully PISSTORS SENATURE JUNE P.	ome, 8434 Geor			B 7 '6		ISTRAR'S SIG				

death. Page 4 > may be revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours offer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL VR A1S (4) 15M 9/59

			883
Kon choseny	and type:		
			A COUNTY OF THE PARTY OF THE PA
	and suitedly		(1.2'100) Transfold
	. am Langue State		J. S. Grand Hoopisel
- C - C - U	Yes	man. Lily noo	9120
	0-7-6		delengan ele
	DE 17.7		gelaksant
The Landson) associated decas		YARD MEALD
no Blacking Avenue	SLEPTCH A. Gray, B	(2) 82/2-90-176	To ser
		oogn noiserathni	
	More		MODELLE AND
0-1-5	A THE		
die jahraasen jaar	E U. S. Havel Loca	(2. (2. (2. ()	THE PERSON LINE
America Free	versional.	Later Turas	The Park
	AN LAULTON	Pire, Oksa sasaka	Letten T verigon 3

00826

	MACE OF DEATH	11.	HICHAI DECIMEN	JCE (\M/bc==	deceased 1	ivad If institut	tion: Pesidence	hefore admission)
0	LACE OF DEATH	LAND	a. STATE	/ (Where	geceased I	b. COUNT	4	before admission)
	Monigomery		Mary	land			and the	E GEO.
2	D. CITY OR TOWN (If Jutside carporate limits, write RURAL and give necres Jawn).	IN 16	c. CITY OR TOV	WN (If autsi	de carporat	te limits, write	RURAL and giv	re nearest town)
,	Takoma Park 2 Ars.		West	1/1	Intisvi	ille	16:	00 3
	NAME OF HOSPITAL (If nat in haspital, give street address)		d. STREET ADD	RESS /		1.1		e. IS RESIDENCE ON A FARM?
,	Noshington Ognitarium + Hospital		1409	Lan	alev	Way		YES NO D
E	NAME OF First Middle DECEASED Type or print) Marilyn Mriss	1.5	Greek	4/	DATE OF DEATH		nth	Day Year 15 1961
_		"	DATE OF BIRTH	<u> </u>		AGE (In years	-	YEAR IF UNDER 24 HRS.
3	ex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCE	44	8-29-	-60	,	last birthday)	Manths D	Haurs Min.
	. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	R INDUSTR	11. BIRTHPLAC	E (State or f	fareign cau	ntry)	12.CITIZE	NOF WHAT COUNTRY
_	none none		14. MOTHER'S MA	AIDEN NAN	AF		· ·	J. / /·
(Charles E. Greeley		Mari	lyn	PO	Chee	+	
	WAS DECEASED EVER IN U. S. ARMED FORCES? , no. gr unknown) (If yes, give war or dates of service)). 17. INFO	DRMANT '			Ad	dress	
93	No Ne	Fai	ther			as	abo	ve
ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	1						INTERVAL BETWEEN
4	PART I. DEATH WAS CAUSED BY: Acute Inters	titial	l. Pneumor	nia. s	severe	hemor	rhagic	ONSET AND DEATH
	IMMEDIATE CAUSE (o) ACUTE TITLETS	02.02.02		2200	70 4 0 2 0	, 11011102		Jaays
	2 4 5 X							
ı	Canditions, if any, which gave rise to immediate (b)							
	cause (a), stating the under-							
	lying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATLA BLIT NA	OT DELATED TO T	UE TERMINIA	I DISEASE	CONDITION C	IVENI INI DADT	1(a) 10 WAS ALITOPSY
			OI KELATED TO TH	TE LEKWINA	IL DISEASE	CONDITION O	IACIA IIA LOKI	PERFORMED?
5	Severe acute cerebral edem					1 -6 '4 1P \		YES NO
CERI	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED.	(Enter nature at in	njury in Parl	t I ar Part I	I at item 18.)		
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. While Not while	20e. PLAC	E OF INJURY (Harry, street, office b	me, farm,	20f. (City o	ir tawn)	(Co	ounty) (State
	Haur a.m. p. m. 19 While Nat while at wark at wark							
	21. I certify that (I) (this haspital) attended the deceased	fram /	115/61	12	-ta 57	30 Par 1	61.19	, that (I) (we) las
	saw the deceased alive an 1/15/ 1961, and	I that do	ath accurred	5:59	from t	he courses of	ind on the	date stated above
	22a. SIGNATURE	i ilidi de	alli decorred (GI/YI	, Hulli II	ie cuoses c	ind an me	22b. DATE
	tolong & Carlingo - ha	. M.	D. PHYS.	MED.	TOR 🗆	STAFF PHYS.		1/16/61 SIGNED
4	22c. PHYSICIAN'S	- M.	22d. ADDRESS		LIOK L	rn13. 🗀		
	NAME (Type) WINSTON E. COCHRAN				g Dr.	, Silve	r Sprin	ng, Md.
30	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEN	LETERY OR	CREMATORY	23	3d. LOCATIO	ON (City, tawn	, or county)	(State)
B	REMOVAL (Specify) 1/18/61 GATE OF HI			7	MONTG	OMERY (COUNTY.	
10				5a. REC'D B			GISTRAR'S SIG	
2	Raymoul a. Juska	DEKTING	7, PID.		JAN 2			S. Kraus
3	2875192XV5							

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. May be retained to FUNERAL DIR

death. Page 4,

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

is a new and spayer introcent tall format along the barrier LOST THE BUY SHEET, SHEET BUY BY CANAL CONTRACTOR TO THE TENER OF THE TOTAL CONTRACTOR OF THE TANK STATE SHELD , CO.

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 H

4.0	CERTIFICATE	OF DEAT
16	CERTIFICATE	OF DEAL

Reg.		1	0	Q	2	17
Reg.	Dist.	No.	U	0	~	9

T I	. PLACE OF DEATH o. COUNTY Montgomer	3		MARYL	AND	2. USUAL RESI	DENCE (Wh	ere deceased lina	d lived. If institution b. COUNTY	on: Residenc	e befo	re odmiss	sion) V
1	b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR	TOWN (If o	utside corpo	rote limits, write R	URAL and g	ive nec	rest town	1)
1	Bethesda			33 days		Ralei	gh			0	X	-	3
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET	DDRESS			1		e. IS RES	
		al Center.	Bet	hesda 14, M	d	2709	Saint	Mary	s Street	,			FARM?
3	NAME OF DECEASED	Fir	st	Middle		Los	it .	4. DATE	Mon	th	Do	у	Yeor
	(Type or print)	Jar	ne .	Ellen		Han	lin	DEATH	January	T	8		19 61
5	. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	53	8. DATE OF BIRT	Н		9. AGE (In years	IF UNDER	YEAR	IF UNDE	R 24 HRS.
	Female	White	WIDOWI		_ 1	Decembe	r 20.	1951	last birthday) 9 yrs.	Months	Days	Hours	Min.
1	Oa. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPI	ACE (Stote	or foreign co	ountry)	12. CITI	ZEN O	F WHAT	COUNTRY
	Student	ing me, even in remed	,	None		Nor	th Car	rolina	9		U.S	-A -	
1	3. FATHER'S NAME					14. MOTHER'S				-	-		
	W. Fred Ha	mlin				Marro	Kathe	rine F	Kelley				
小	S. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.	17. IN				Record Add	ress			
	Tes, no. or unknown)	If yes, give war or dates of s	ervice)								3/		
=	No			None ne for (a), (b), and (c).]	TIL	SCTILITO	ar ce	nter,	Bethesda	r 777 a	Mair	yıan	a
	Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	he <u>under-</u> DUE TO	•				Li						
CITA CISTOSO	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCC						EN IN PART	1(o) 1	PERFO	AUTOPSY RMED? NO
A SEDICAL	20c, TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	NJURY OCCURRED 2 Not while t of work	0e. PLA foc	CE OF INJURY (tory, street, office	Home, form, bldg., etc.)	20f. (City	ar town)	(C	ounty)		(Stote)
2	actual SIGNATURE ACTUAL SIGNATURE	Jary 8 Llian O. JJAM O. JO	, 196 ONES,	M.D.	leath	occurred of The C Natio	4:00 linic onal I	AM, from ADDRESS (S) al Cer nstitu 14, Mar	reel, city or lown, nter utes of l ryland	nd on th	e dat	e state	ed obave ATE SIGNED 8/61
3	REMOVAL (Specify)	nsit 1-9.		Montlawn	Me	m. Par	k	Rale	ion (City, town, o	orth			,
23	ROBERT A	A. PUMPHE	REY	Betheso	la,	Md.		AN 1 6		TRAR'S SIG			

	CERTIFICATE OF DEATH		
	And the second second second second		
		· ·	
	de la constant de la		
			de Live
I make			la mercial
5000 N	make North National Americans and Scientific		
Block of the section of the			TO THE REAL PROPERTY.

tem 18 Film 280 2-7-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERI PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) ould be executed within 24 hours after death. If any democessary, "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit. File pages 1 and 2 with the State Board of Health, moval, and in any event within 72 hours after death. a. COUNTY a. STATE b. COUNTY Mentgemerv Mentg. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) 3 yrs. Wheaton Wheaton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 3108 Parker Ave. Parker Ave YES NO TO death. 3. NAME OF DATE Middle DECEASED (Type or print) Hanford . Jr DEATH Theodore 19 61 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Days Male White WIDOWED DIVORCED yrs. That USBAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? pages 1 within 7 U.S. Gov. U.S. Gov't. U.S.A. N. J. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theodore T. Hanford, Sr. Eva Miller should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yas give war or dates of service) Mrs. C. Virginia Hanford, 3108 Parker Ave. ves Silver Spring, Md. 18. CAUSE OF DEATH [Enter only one cause par lina for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Fat embolism IMMEDIATE CAUSE (e) DUE TO Hepatic Fatty metamorphosis Conditions, if any, which (b) gava rise to immediata causa "pending" Medical Examiner's DUE TO (a), stating the underlying cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? sase execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be NO 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | burial, EDICAL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0 Whila Not While Hour n.m. at work at work Prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Suicide death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S BLUSCHART NAME (Typa) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) 1/31/61 ARLINGTON NAT'L. CEMETERY 0 940 BURIAL ARLINGTON, VIRGINIA 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE THEY DECTOR SPRING. MD. VS. A15ME arthur S. Kraus MRA 5M 7/59

CHARLESTON IS ARCHITECATE DESIGNATION OF THE GROOM STATES OF THE ROLL WIND THE PROPERTY OF THE STATE OF ELECTRICAL STATES OF THE STATES OF day me The second - Try E GOOD SONT style tellfal 8010 7 9105000 The chart of the B.T.LOW CAR Marin, Assessment of the column .i. .!! The ore T. Harten, E. P. . Wistonian Sandors, Signa Por mix ave. Situate Service, Mo. of Contract South ON STREET AND STREET AND STREET AND STREET THE SHOPE SHOPE SHOPE SHOPE SHOPE SHOPE

death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then plasts who papers. Pages 1 and 2 should be fleed with the State Dept. of Health prior to burial, cremation, or removal, and an event, within 72 hours after depth.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 829 CERTIFICATE OF DEATH 836

		. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)
	a. COUNTY MARYLAND MARYLAND	a. STATE MARYLAND b. COUNTY MANY
-	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If putside corporete limits, write RURAL and give neerest town)
	write RURAL end give nearest town)	5 Kinsington
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS 0. IS RESIDENCE
7	That Dan.	4004 71164 LORD VEST NOT
	3. NAME OF First Middle	Lest 4. DATE Month Day Year
	(Type or print)	FONKIN DEATH MAR 17 1961
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. D	ATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	MAKE HILLER WIDOWED FOR DIVORCED IT	17-17-01 Wonths Deys Hours Min.
-	i i i i i i i i i i i i i i i i i i i	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	Ruma america
-	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
1	alcore / showking	m. a Kalle 7 11.11
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF	ORMANT Address
1	(Yes, no, or unkown) (Ifyesgive war or dates of service)	hit from SUARPA
2	1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	I INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
1	IMMEDIATE CAUSE (e)	
	1 Stranford of 3Ud	of litt inite a dam
	Conditions, if any which geve rise to immediate cause	or with the same
	(e), stating the underlying DUE TO	n haidum
	z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0); 19. WAS AUTOPSY
	FART II. O'THER STATISTICAL CONTINUES OF STATISTICS OF STA	PERFORMED? YES NO 1
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (E	nter natura of injury in Pert I or Part II of item 1B.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. (E OR CONTRIBUTING CAUSE OF DEATH UTE EITHER, NOTIFY MEDICAL EXAMINER)	
П		OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour e.m. While Not While	street, office bldg., etc.)
		Invary 2., 1961, to January 17, 1961, that (1) (we) last
П	21. I certify find (i) (fins hospital) affected fine deceased from the	eath occured at
	22e. SIGNATURE	22b. DATE
Н	an Alaski printer	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (TYPO) ARTHUR, J. WILLETS.	909- Parshing Dr. Sher Dring 1/12
	230. BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d DOCATION (City, town or county) (State)
	Durial Jan 19.1961 Bary Hors	Congley States Stand Mer your
	24 PUNERAL DIRECTOR'S STONATURE 254 ADDRESS)	255 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
:	Huther Netters Jedoma Park -	-DG. DATE JAN 20 67 arthur S. Hisus
1		

satural for home with hill PARKET AND THE PROPERTY OF THE PARKET OF - Netrologementono FIXTHER SINTELETS 109-REmberg DE Shelfung

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

337

00830

1. PLACE OF DEATH a. COUNTY			MARYL		O. STATE District O		. b. COUNTY		ce befa	re admiss	ian)
b. CITY OR TOWN (I	f autside carporate lim	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If			RURAL and	give nec	arest tawn	1)
Bethesda	eorest tawn)		37 days		Washington			4	7)	X -	3
d. NAME OF HOSPIT	AL (If nat in haspital, s	ive street			d. STREET ADDRESS				1	e. IS RES	IDENCE
OR INSTITUTION	al Hospital	40 1401			723 7th St	., S.E				ON A	FARM?
3. NAME OF DECEASED	Fi	rst	Middle	200	Last	4. DATE OF	Ma	nth	Da	у	Year
(Type ar print)	Thel	ma.	Mildre	ed	HARKINS	DEATH	Janu	ary	2]		1961
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D 🔲 8.	DATE OF BIRTH		9. AGE (In years lost birthday)				ER 24 HRS.
Female	Caucsaian	WIDOW	ED DIVORCED		9-3-21		39 yrs	Manths	Days	Haurs	Min.
10a. USUAL OCCUPATIO	ON (Give kind of wark	dane 10b.	KIND OF BUSINESS OF	NDUSTR	Y 11. BIRTHPLACE (Stote	ar fareign c	country)	12.CIT	IZEN OF	WHATC	OUNTRY?
Housewife	king life, even if retired)		_	Washing	ton. I). C.		USA	A	
13. FATHER'S NAME					14. MOTHER'S MAIDEN I						
Robert WY	NN			0	Bertha F.	TAYLO	R				
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	17. INFO		211210		Iress			
(Yes, no. or unknown) Unknown	(If yes, give war or dates of s	service)		Hos	pital Recor	de					
	TU (Catalana)	(5	a o face (a) (b) (a) 3	-	proar Recor	as			LINITI	ERVAL BE	TWEEN
	TH WAS CAUSED BY:		ne far (a), (b), and (c).						ONS	ET AND	DEATH
	IMMEDIATE CAUSE (or pulmonale	2					-		
241	DUE TO										
Conditions, if a) Br	conchial ast	thma,	chronic					30 y	rs.
gove rise to i cause (a), stating)									
lying cause last.) (0)									
PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERM	NINAL DISEAS	E CONDITION GI	VEN IN PAR	RT 1(a) 1	9. WAS	AUTOPSY RMED?
Mitral	and aortic	valv	mlitis, old	l. un	determined e	etiolo	σv				NO
1 20g. ACCIDENT WA	AS UNDERLYING IT	20b. DES	CRIBE HOW INJURY OF	CURRED.	(Enter noture of injury in	Part I or Por	rt II af item 1B.)			ETIT	
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)										
Z 20c. TIME OF INJUR	Y Manth, Day, Ye	or 20d. I	NJURY OCCURRED	20e. PLAC	E OF INJURY (Hame, farr	m, 20f. (Cit	y ar tawn)		Caunty)		(State)
Hour a.m.	19	While	Not while	focto	y, street, office bldg., etc	c.)		CH.	//		,,,,,,,
			k at work		2.5	(-			2		
			ded the deceased			55AMa-	Jan. 21				
	sed alive on JE	un. 2	19 01, and	that de	oth accurred at	M, fram	the causes a	nd an th	e date		
220. SIGNATURE	,11 11	//	111/		ATTENDING M	AED	STAFF			22	B. DATE
	1/2 /	5/1	Clus _	M.	D. PHYS. D	RECTOR	STAFF PHYS.	N. III	1	-21-6	SIGNED
22c. PHYSICIAN'S NAME (Type)	- //		1		22d. ADDRESS						
	D. L. KELI	EY,	LT, MC, USN		U. S. Nav	al Hos	spital, E	ethes	da,	Ma.	
23a. BURIAL, CREMATIC	N, 23b. DATE THERE	OF /	20c. NAME OF CEME	TERY OR	REMATORY	23d. LOCA	TION (City, tawn,	ar county)		(Stat	te)
REMOVAL (Specify)	1-26-6	51/	Cedar Hi	ill C	emetery	Sui	tland Ro	ad, I	G.	Co.,	, Md.
24. EUNERAL DIRECTOR	SIGNATURE		ADDRESS		25a. REC	D BY REGIS	TRAR 25b. REG	ISTRAR'S SI	GNATU	RE	TIL 19
W W CHAM		7 11+	h.ST. S.E.	WASH	DC DATE J	AN 25	'61 C	lithur d	P. Tho	MAN	

STARO TO STADESTING

	alomas.	0 - 0. Total							
		Codyntustic	E ()	(4-5.91)	Managara				
		72] Tun-Bus			U. S. 16				
id Is		81.TUL 2							
		19-8-8		unilonado.	64.mmf				
	.0.0,	rgoldaer		A STATE OF THE STA	Lite Book of				
	RELYAN	.4 adeque		100	250-2				
		Diones Laring			in Mils				
			of months	0					
##X 18		12 p 100 q	- Ara Inilian						
	Q-102	e paintajan	u ,elo ,e.v.iu	VLay c2 tak box .	n'1218				
10 (A) (A) (A)	Is and O	eller							
1-21-04				27/16/1					
	i dangiyol, leb		بيدا وسد ويث	e					
		103	District Pro-	uis Tie Salbi					

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 838

00831

1. PLACE OF DEATH 5. COUNTY MON	TGOMERY		MARYL		USUAL RESIDENCE (o. STATE MARYLA		b. COUNTY			a admission)
b. CITY OR TOWN (If a RURAL and give near	autside carporate lim rest town)	its, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN ((If outside corpo				est tawn)
d. NAME OF HOSPITAL		give street	Oddress)		d. STREET ADDRESS				e	IS RESIDENCE ON A FARM?
MONTGO	MERY GENE	RAL	OSPITAL							YES NO 🔀
3. NAME OF DECEASED (Type or print)	CAROLY	_	Middle foward		Lost HARVEY	4. DATE OF DEATH	JANU		Day	Yeor 19 61
		7. MARI	RIED X NEVER MARRIED		ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER Months	1 -	IF UNDER 24 HRS
FEMALE	WHITE	WIDOW			9/391900		60 yrs.			
10a. USUAL OCCUPATION during most of workin Teacher	I (Give kind af wark g life, even if retired	done 10b.	Teaching		MAR	YLAND	auntry)	12.CITI	ZEN OF	MHAT COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME				
HE	NRY HOWAR	D		100	MARY F	LORENCE	JONES			
15. WAS DECEASED EVER		RCES? 16.	SOCIAL SECURITY NO.	17, INFO	MANT			iress		
no	yes, give wor or odies or s		none	1	OSPITAL R	ECORDS	OLNEY	. Mn.		
PART I, DEATH	H [Enter only one co H WAS CAUSED BY: MMEDIATE CAUSE (c		ne for (a), (b), and (c).]							RVAL BETWEEN ET AND DEATH
Canditians, if any gave rise ta im couse (o), stoting the lying cause last.	mediote e <u>under-</u>	o)	Multe	tos	toris					0
PART II. OTHE PART III. OTHE OR CONTRIBUTING [OF CONTRIBUTING [CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(a) 19	PERFORMED?
	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED. (I	nter noture of injury	in Port I ar Par	t II af item 1B.)			
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Ye	While			OF INJURY (Hame, f , street, affice bldg.,		ar tawn)	(4	County)	(State
saw the deceose		l) attend	ded the deceased f		h accurred a	195 9, to	P			
220. SIGNATURE	03	acci	×	M.D		MED. DIRECTOR	STAFF PHYS.			22b. DATE SIGNEI
22c. PHYSICIAN'S NAME (Type)	A. D. B	ONIF	ANT, M. D.		22d. ADDRESS	ANDY SP	RING, MD	•		
23a. BURIAL, CREMATION REMOVAL (Specify)			23c. NAME OF CEMEN		REMATORY		TION (City, tawn,	ar county)		(State)
Burial 24. FUNERAL DIRECTOR'S.	1-13-6	0	St. John!	5	25g P	EC'D BY REGIST	IRAR 25h REG	ISTRAR'S SI	GNATUR	MG.
Franci	s Bar	he	Laytons	v ille		JAN 13 '6		rthur S.		

		TAR OBEZ IVENA		
14,834			Accorded to	
	The state of the s		A PARTY OF THE PAR	
	Y9120			
TO THE PERSON	on the last of the particular			
	The state of the s			
• • •				
	take around rule			
Sala Lande La	evalue Applicable secured.			
30.72	The Deep St.	Miller		
		thus to		
		THAT IS		
E.hu . Intx	· 100	84110V .*S		
		Construction of		

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 830

00832

1	o. COUNTY Montgomery			MARYLAND	2. USUAL RESIDENCE (W o. STATE Virginia	here deceased live	d. If instituti b. COUNTY	on: Resident	e before odr	mission)
		1		GTH OF STAY IN 16	c. CITY OR TOWN (IF	and the same		URAL and g	ive negrest t	own) 3X
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g		o uu ju	d. STREET ADDRESS				10	RESIDENCE A FARM?
	J. S. Nava	L Hospital			207 Andove	r Drive			YES	□ NO 🏋
3.	NAME OF DECEASED (Type or print)	Fir Hel		Marie	HAWKES	4. DATE OF DEATH	Jan	uary	8 Day	Year 19 61
	SEX Cemale	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-18-10	9. A	GE (In years ost birthdoy) 50 yrs.	-	Days Hou	NDER 24 HRS.
_	a. USUAL OCCUPATION	ON (Give kind of work	done 10b. KIND O		STRY 11. BIRTHPLACE (Stote	e or foreign countr	, ,	12. CITI:	ZEN OF WHA	AT COUNTRY?
	Housewife	king life, even if retired			New J	ersey		ı	JSA	
13	. FATHER'S NAME				14. MOTHER'S MAIDEN					
	Dennis BA	RRY			Margaret R	ICE				
	. WAS DECEASED EVE	R IN U. S. ARMED FOR		SECURITY NO. 17. I	NFORMANT		Add	ress		
0	No No	(If yes, give wor or dates of s	None	6	H) Wm. M. Haw	kes sam	998 #	2 abov	re ·	
	Conditions, if a gove rise to i couse (o), stoting lying couse lost.	mmediate DUE TO		osis of liv	rer				unkı	nown
NOITA	PART II. OT	HER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE CO	NDITION GIV	EN IN PAR	PEI	AS AUTOPSY RFORMED?
CEPTIFI	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCURRI	D. (Enter noture of injury in	Port I or Port II o	f item 18.)			
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	While No		ACE OF INJURY (Home, for ctory, street, office bldg., e		own)	(0	County)	(Stote
		ot (1) (this hospital			Dec. 19	40AM M, from the	Jan. 8	19_6 nd on the	that (1)	K (we) los ted obove
										22b, DATE
	220. SIGNATURE	4			M.D. PHYS.	MED. S	TAFF HYS. 🔀		1-8	SIGNED
		7. J. O C. F. H. O'CO	nnell, L	CDR,MC,USN	M.D. PHYS	val Hosp		Bethe		8-61

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs for death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, VR A15 (4) 1SM 9/S9

24 KNERAL DRECTORS SIGNATURE HELD ADDRESS
Pumphrey Funeral Home, Bethesda, Md.

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

DAMAN 1 0 '61

arthur S. Krays

		ale.galiY		45	
	minte alli	E Jackson C.	eynb (E	V	mun) absended
	5V. 10 1.5	volen you		en I m C o	H W I
ta a kiran	MG.	BANKAE	Maris	na.Left	
	96	Common Edward	CHORNE I	not such	Feetile Cap
JUN .	Jarasy	Yell	did and beg upo upo		
	201H	751250			Pennis Bulary
svata si	to early , 2 one	B .H .M ()	enol		oli
arteov E		yenel	cilluani plom	ell de la company	
ago Politu		•	val to gasoda	120	
20	. nat silit:	Dec. 19	Land Ed	8 .ast	
L0+0+L					
Berbegua, Man	And look Lave	i .a .i	المال و داه و المالية و	aniotore a	A 15 1
	noughtin	Lenolynii	morphisks.	and the state of t	71 00 'T -1/11 4/
			ورسلي الله		ion I yesilyadi

Montgomery Ave Rockville Md

ottending phy

VS A1S (4) 1SM 9/S8

Carline Hummbrain. 2. Hay Couled action relevens 2+71, Freder While 24 the 60. A Fed whing one chave EDECIA Pe Asme Segue Mariland 19 whe Bell with 19 west Al MANuluine som witing are.

FOR STATE

TO DEPUTY WEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any designs necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit File goal and 2 with the State Board of Heelth, or its designated agent, prior to burial, gramation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	6083
121					nnnn.

•		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, ff institution: Residence before admission)
H		Mon taum erel MARYLAND	o. STATE Md, b. COUNTY Mont.
1	-	b. CITY OR TOWN (if outside opporete limits, write BURAL and giyn negest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest lown)
		The the best town	Starlardilla
/	(d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS ,
- 16	1	Jubunhan	Juga day on a FARM?
1	3.	NAME OF First Middle	Last 4. DATE Month Day Yeer
		DECEASED (Type or print)	7/ / OF -
	5.	Lawrence Hugusta	DATE OF BIRTH 9. AGE (In yoors IF UNDER 1 YEAR IF UNDER 24 HRS.
3	٥.	W. MAKRIED X NEVER MAKRIED	T Ilast birthdey) Months Deys Hours Min.
	7	Make Cotored WIDOWED MYORCED	101411, 1902 3 / Vrs.
	do	. USUAL OCCUPATION (Give kind of work aduring most of working life, even if retired)	11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	(onstruction contel Jand &	ravel Mary and U.J.H.
d	13.	FATHER'S MAME	14. MOTHER'S MAIDEN NAME
		Robert Hebron	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	NFORMANT / Address
	-	no no 2/3-16-2023/1	la Rebring / I ame 25 Hbove.
		18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), end (c).]	1 - / I INTERVAL BETWEEN ONSET AND/DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	worder mulifuency Tidain
		Taga Due to	0+1011
ń		Conditions, if eny, which \ (b) (SONANI)	Irlerioseleioses lenknoan
		gove rise to immediate cause	
		(e), steting the underlying cause lest.	
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
	ATIO		PERFORMED? YES NO NO
	CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	nter neture of injury in Pert I or Pert II of item 18.)
	CERI	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
	₹		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
	WEDICAL	at west 🗍 at west	ory, street, office bldg., etc.)
	2	21. I certify that I took cherge of the remains described above, help	d an Autopsy , Inspection , Inquiry , and in my opinion
		death resulted from: Natural causes 17. Accident , Suici	
		dealit resulted from: Matural causes X, Accident [], Suice	CHIEF MEDICAL EXAMINER
		ACTUAL Of B Ball	
		SIGNATURE form J. Takes	M.D.
		EXAMINER'S TO BOLL	DEPUTY MEDICAL EXAMINER
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county) CREMATORY 22d, LOCATION (City, town, or country) (State)
H	A	REMOVAL (Specify)	
		FUNERAL DIRECTOR ADDRESS	240, REC'D BY REGISTRAR I 24b, REGISTRAR'S SIGNATURE
	23,	DO OPY A DUIL	AAA
	V	Johnst J. Sunden Mockville	Md , DATE JAN 26'61 Cirling & Times

RTAIN IN TAMPINED CHIRAMNI GADINAM With the same of t Commence of the Contract of the State of the AND A COLUMN THE PROPERTY OF THE PARTY.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

0.0835

	24	2	CERTIF	ICATE	OF DEATH						
PLACE OF DEATH O. COUNTY MONTG	OMERY	V	MARYI		USUAL RESIDENCE (Who o. STATE		b. COUNTY	on: Resider			on)
	(If outside corporate lin	nits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corpo	rote limits, write R	URAL ond	give neo	crest town)
	NEY		22 HRS.		ROCKVI	LLE					
OR INSTITUTION					d. STREET ADDRESS	1 I A M	STREET				IDENCE FARM? NO X
NAME OF	TGOMERY GEN				-	4. DATE					-
DECEASED (Type or print)	NELL	irst	P. Middle	He	Lost ELPHENSTINE	OF DEATH	JANI	UARY	1 2	,	reor 19 61
SEX			IED NEVER MARRIE	7	ATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		
C	WHITE	WIDOWE	_		1 1		lost birthdoy) 78 yrs.	Months	Days	Hours	Min.
EMALE OLIVERATE OLIV		-			3/19/1882 11. BIRTHPLACE (Stote of	or foreign c		12.CIT	17 FN OF	WHATC	OUNTRY
during most of wo	prking life, even if retire	d)									
. FATHER'S NAME				11	4. MOTHER'S MAIDEN N	AAAE			U. S	. A.	
. FAIRER S NAME					4. MOTHER 5 MAIDEN N	AME					
JOSEP					LURA T.	Hoss					
S. WAS DECEASED EN	/ER IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16.	SOCIAL SECURITY NO.	17, INFO	RMANT		Add	ress			
				Hos	SPITAL RECOR	DS.	OLNEY.	MARY	LAND	,	
18. CAUSE OF DE	EATH [Enter only one of	ouse per lin	ne for (o), (b), and (c).]						INTE	ERVAL BE	TWEEN
PART I. DE	EATH WAS CAUSED BY:	/	9	me.	0					SET AND	
1/12.	IMMEDIATE CAUSE (olonary,	v cc	Cuscin				other	clai	10.
一千成0	DUE TO	0		0 -	, ,		0				
Conditions, if		b) (1	Alleroze	ecral	y Cardier	17.15	ulter 1	Kezia	10-	- 5	Ryl
couse (o), stotin-		0									-
lying couse lost	.)	(c)									
PART II. O	THER SIGNIFICANT CO	NOITIONS C		TH BUT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	₹T 1(o) 1	PERFO	RMED?
PART II. O	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED. (I	Enter noture of injury in F	Port I or Por	t II of item 18.)				
-	JRY Month, Doy, Y	ear 20d I	JURY OCCURRED	20e. PLACE	OF INJURY (Home, form,	20f. (City	or town)	1	(County)		(Stote
Hour o.m		While	Not while_	foctory	, street, office bldg., etc.)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		ot wor		,			2				
21. I certify th	iot (I) (this hospite	al) attend	led the deceased	front	1960 19	, .to	Jan 12	, 196	al, th	at (1) (we) las
saw the dece	ased alive on	an. L	2 19/2/ and	that dea	th occurred of	M, from	the couses an	d on the	e dote	stoted	above
220. SIGNATURE	9.7	10	, 74		ATTENDING _ /ME	D	STAFF				SIGNE
22c. PHYSICIAN'S	d. O.nc	arcu	m; na	. M.D	. PHYS. DII	RECTOR [PHYS.			112	161
NAME (Type)							Man		-	/	
			JM, M. D.		GAI1	HERS8	URG, MAR	YLAND			
3a. BURIAL, CREMAT	ION, 23b. DATE THERE	OF	23c. NAME OF CEME	TERY OR C	REMATORY	23d. LOCA	TION (City, town,	or county)		(Stote	a)
REMOVAL (Specific Burial	" 1/14/6:	1	Glenwood	bo		Wash	ington,	D. 0			
FUNERAL DIRECTO	R'S SIGNATURE	110 0 200	ADDRESS		2So. REC'I	BY REGIST	1	STRAR'S SI		RE	
1331 E		inera	I Home Rockville	DM c	DATERAN	1 6 '6'	1 0.	1 . 0	4		
	III II UE . I	1 V C	INC. PLV I I E	. IVII 1			1 1 1 1 1 1	Secrett I	Tinnen	A	

death. Page 4 may be revolved by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL

VR A15 (4) 15M 9/59

The state of the s BRAZINAN ATRIAN ARIAN ARIAN SATURAN SA and the second s

VR A1S (4) 1SM 9/59

death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

							-
1. PLACE OF DEATH g. COUNTY		2. USUAL RESID	ENCE (Where decease	ed lived. If institution	on: Residence bef	ore admission	11
Mont Gomery	MARYLAND	mary	land	1.4	lonTas	merle	
b. CITY OR TOWN (If outside carporate limits, write c. LENGT	TH OF STAY IN 16		OWN (If outside corp				17.
RURAL and give nearest town)	, 1	< 1			20		
Takoma Park	day	01/1	en Op	ing	d'a	T	
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION		d. STREET AD	DRESS			e. IS RESIDE ON A FA	
WashingTowl SaniTanium	+ Hespiral	711	WayNe	au.	e /	YES N	
3. NAME OF First	Middle	Last	4. DATE	Mon	th D	Day Yea	30
OTYPE OF Print) Eleanor FI	Izabeth	HENN	essy DEATH	- Ja	IN !		61
S. SEX 6. COLOR OR RACE 7. MARRIED NE	EVER MARRIED B.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA	-	
Fe WIDOWED D	DIVORCED _	10-9	- 76	last birthdoy) 8 4 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind af wark done during mast of working life, even if retired)	BUSINESS OR INDUST	RY 11. BIRTHPLA	CE (State ar fareign	country)	12. CITIZEN C	OF WHAT COU	JNTRY?
house wife (retired) Own	home		aryland		101	ner	91
13 FATHER'S NAME		14. MOTHER'S	MAIDEN NAME				
Robert Mc Adams	2	m.	201.	0100			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE	CURITY NO. 17. INF	ORMANT	7	Adde	ress		
(Yes, no, or unknown) (If yes, give war ar dates of service) NONE	1	to = 0.7	-12	1-			
	(5) 4 (5) 3	103/11	al 1 ec	inds	LIM	TERVAL BETW	VEENI
18. CAUSE OF DEATH Enter only one couse per line for (o),	(D), ond (C).]		. I			SET AND DE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	diac Di	20001	servo all	-21		24 les	
A 43 X DUE TO ///						-	
Conditions, if any, which) (b) Theshe	7.				1	Herry 43	cas
gove rise to immediate	denno	1				11	
couse (a), stoting the under-	0.0		0-1.		0.00	4 4	c _g
lying couse last. (c)	areset a	scere	seleco				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT N	NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(a)	19. WAS AUT	TOPSY
Denveter Mel	letera					PERFORM YES N	NO 🖾
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOV	W INJURY OCCURRED.	/Enter noture of	injusy in Post Lar Pa	et II of item 18.)		120 🗀 .	2
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y HOOK! OCCORRED.	(Line notice of	mory mironi i di i c	at the of them tony			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC	CURRED 20e. PLAC	CE OF INJURY (H	ome, form, 20f. (Ci	y or town)	(Caunty	()	(Stote)
Hour o.m. While Not	while facto	ary, street, office					
p. m. 19 at work ot w	ork	/1 //		0			
21. I certify that (I) (this haspital) attended the	deceased fram	July	196 c. ta.	clars	1964	that (I) (we	e) last
saw the deceased alive an Dec 3/ 196	60, and that de	eath accurred	of AM. from	The causes an	d an the da	te stated a	bave
22o. SIGNATURE						, 22b. D	
Mercitan lion	M	ATTENDING	MED.	STAFF PHYS.	1	14/615	SIGNED
22c. PHYSICIAN'S MERRILI M. C'(2055	22d. ADDRES	5 7248	Leanger	-cive	'0	
Manue (Type) Jefersal LL 1961 Col.		5	elyer 51	meny	, and		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NA	ME OF CEMETERY OR	CREMATORY	234 LOC	ATION (City, town,	or county)	(Stote)	
PEMOVAL (Specify)	CATHEDRAL			IMORE, MA		(31016)	
A SUMERAL DIRECTORS CONTINUES	DECC		2Sq. REC'D BY REGIS		STRAR'S SIGNAT	IPF	
WARNER E. PEMPHREY; INC. SIL	VER SPRING	, MD.	IAN 5	709			
Daymond a girka			DATE JAN 3	01	Lithur S. F.	raire"	

The second secon where of the Sandan we they be the tell of tell of the tell of the tell of the tell of tel A content of the times and the second of the BULL WE COUNTY IN THE PROPERTY OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	13	()		pay	
U	U	O	U	7	

03.7	CERTITION	IL OI DEATH		
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Kentuc	ere deceased lived. If institution: Reb. COUNTY	esidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	, c. CITY OR TOWN (If or	utside corporate limits, write RURAL	ond give nearest town)
Bethesda	19 Days	Wallir	ns Creek	
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t oddress)	d. STREET ADDRESS Box 33	55	e. IS RESIDENCE ON A FARM? YES NO T
The Clinical Center			I	
NAME OF First DECEASED (Type or print) Lawrence	Middle (none)	Hensley	4. DATE Month OF DEATH January	27, Year 19 6]
SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS
Male White WIDOV	VED DIVORCED	December 15.		nins boys Hours Min.
a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	2. CITIZEN OF WHAT COUNTRY
Coal Miner	Mining	Kentucky		USA
B. FATHER'S NAME		14. MOTHER'S MAIDEN-N	AME	
Joe Hensley		Addie Pope		
6. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (es, no, or unknown) (If yes, give wor or dates of service)	. SOCIAL SECURITY NO. 17. 19	NFORMANT The Medi	cal Record Address	
	100-26-0126 Th	e Clinical Cer	nter, Bethesda 11	, Maryland
18. CAUSE OF DEATH [Enter only one couse per	ine for (o), (b), and (c).]	HITTOTICE TO SEE		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Grand IMMEDIATE CAUSE (o)	am Negative Sep	ticemia		Hours
Q U Q DUE TO				
Conditions, if day, which) (b) No.	crotizing Proct	itis		Weeks
gove rise to immediate couse (a), stating the under-				
lying couse lost. (c) AC	ute Lymphocytic	Leukemia		l½ year
			NAL DISEASE CONDITION GIVEN IN	N PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of item 18.)	
	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	, 20f. (City or town)	. (County) (State
Hour o.m. While	La La	ctory, street, office bldg., etc.		(00000)
		January 8, 196	ol to January 27,	61
21. I certify that (I) (this haspital) atten	ded the deceased fram.,			1961, that (I) (we) las
saw the deceased alive an January	and that a	death accurred at	M, 40111 The causes and a	
Edward E	more	M.D. ATTENDING ME	D. STAFF PHYS.	1/23/6
22c. PHYSICIAN'S NAME (Type) EDWARD E. MOR	SE, MD.		of Health, Bethe	
3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City, town, or con	
Removal (Specify) 1/28/61	200. TAME OF CEMETERS O	an ununununununun	Harlan, Kentu	
4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25c PEC'S	BY REGISTRAR 2Sb REGISTRAF	
The S.H. Hines Co290	1 14th St., N	W. DATE	3 0 61 Chilmy	3. Thank
Was	hington 9. D	C		

TO HOSPITAL C. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs and death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59

RTARG SO ELACHTESCO

and with the contract of the c

TO THE PROPERTY OF THE PROPERT

death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 945

		845		CERTIF	ICAT	E OF DE	ATH					CO	832
	PLACE OF DEATH	ntgome	r (.	MARY		o. STATE	ENCE (Whe	ere deceased	lived. If in b. COI		Residence	before ad	Imission)
7	b. CITY OR TOWN (If or RURAL and give near	utside/corporate lig est town)	1	ENGTH OF STAY	IN 1b	c. CITY OR TO	OWN (If ou	utside corpor	rote limits, w	rite RUR	AL and give	e negrest	town)
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital,	give street oddre	SAN		d. STREET AD	DRESS 3 -	43 R	A	ve	10	0	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	Martha	Jea,	nne+te		Hill		4. DATE OF DEATH		Month		Day 8	Yeor 1961
S.	SEX F	. COLOR OR RACE ${\cal W}$	7. MARRIED [WIDOWED [NEVER MARRI		DATE OF BIRTH	188:	9	9. AGE (In lost birth				UNDER 24 HRS.
100	USUAL OCCUPATION during most of working	life, even if retire	4 1	OF BUSINESS C	R INDUSTR		CE (Stote o	or foreign co	ountry)		12. CITIZE	NOF WH	AT COUNTRY?
13.	FATHER'S NAME	1				14. MOTHER'S	MAIDEN N	AME	- 200				,,
1	John W.	HAN	e5			Un	know	n					
	WAS DECEASED EVER IN	U. S. ARMED FC		IAL SECURITY NO	17. INFO	DRMANT				Address		E/83	
	NO		no		Har	ry Hill	C	olmar	Mano:	r,	ld.		
	18. CAUSE OF DEATH	-	Same of the last o	r (o), (b), and (c).] , ,	1 2						INTERVA	L BETWEEN
	PART I. DEATH	WAS CAUSED BY	1 1	rom bo	ldge	e bitis						1	day
	464	DUE T			1		X I I			0.53			-
	Conditions, if ony,	which)	4.5								166		
	gove rise to imm	ediote DUE T	b)										
	lying couse lost.	under-											
CATION		SIGNIFICANT CO	nditions <u>cont</u>	RIBUTING TO DE	ATH BUT N	OT RELATED TO	THETERMII	NAL DISEAS	E CONDITIO	N GIVEN	IN PART 1	PE	AS AUTOPSY ERFORMED?
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	1	HOW INJURY C	CCURRED.	(Enter noture of	injury in P	ort I or Port	t II of item 1	8.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Y	ear 20d. INJUR While of work	Y OCCURRED Not while of work	20e. PLAC focto	E OF INJURY (H ry, street, office	lome, form, bldg., etc.	, 20f. (City	or town)	10.3	(Co	unty)	(Stote)
	21. I certify that (al) attended	the deceased			19k		the cause				(I) (we) last
	220. SIGNATURE	Jan al	0 10	Oson		D. ATTENDING		D.	STAFF PHYS.	1		,	26. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	onald	Nel	son		22d. ADDRES	SS	7000	gia (Que	, Sil	ver S	pring, M
23	Burial, CREMATION, REMOVAL (Specify)	Jan 11		Fort L			erv	23d. LOCA	TION (City, I	anor			(Stote)
24.	FUNERAL DIRECTOR'S			ADDRESS				BY REGIST	RAR 2Sb.	REGIST	RAR'S SIGN	HATURE	
	F Gasch's	Sons I	Iyattsv:	ille, Mo	1.		DATEJAN	1 1 3 '6	1	Chilh	w1 &, 70	A Shared	1835

VR A1S (4) 1SM 9/59

STREET, STREET, BOX the result water the result. Madall In. 18 the reason would be a state of the black's committee to be a contraction of a contraction

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

91.0

00839

1. PLACE OF DEATH o. COUNTY	ntgomemi		MARYLAND	2. USUAL RESIDENCE (W. g. STATE	b. Co	institution: Res DUNTY	idence befare	odmission)
	ntgomery (If outside corporate limit	s. write	c. LENGTH OF STAY IN 16		outside corporate limits,	write RURAL o	and give negre	st town)
RURAL and give r	nearest town)		.1.				- E	4
	thesda		15 days	Frack	ville		7.5	IC DECIDENCE
OR INSTITUTION	ITAL (If nat in hospitol, gi	ive street	oddress)	d. STREET ADDRESS				ON A FARM?
Sul	burban			13 N.	5th. Stree	t		YES NO 🔀
DECEASED (Type or print)	Firs Mary	it	Middle E.	Hinkel	4. DATE OF DEATH J	Month anuary	Doy 20	Year 19 61
. SEX	6. COLOR OR RACE	7. MARE	RIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	years IF UN		UNDER 24 HRS
Female	White	WIDOWI	ED DIVORCED	Feb. 14, 1	last birt	Mont	hs Doys	Hours Min.
0a. USUAL OCCUPATI	ON (Give kind of work d	lone 10b.	KIND OF BUSINESS OR INDU				CITIZEN OF W	/HAT COUNTRY
Housewi:	rking life, even if retired)			Penn.			U.S.A	•
3. FATHER'S NAME				14. MOTHER'S MAIDEN				
Ri	chard L. Bey	van		Ella	Thursby			
S. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT		Address		Albania In
(Yes, no. or unknown)	(If yes, give war or dates of se	ervice)		J.B. Robertso	n - Valley	Drive,	Rockv	ille, M
	ATH [Enter anly one co	use per li	ne for (a), (b), and (c).	1 .0 11	0			AND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ma	same Cere	oral their	monlia	al-	2	derisa
33	DUE TO			/		0		1
Conditions, if	1	0	Jan Vino	Hur of	0. 0.4		8	non
gove rise to	immediate (Le	a surrecor	1) your	minon		0	Juna
couse (a), stating				00			0	
lying cause lost.	- / (c))					01073/1/30	11115 11170851
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITI	ON GIVEN IN		PERFORMED?
5				HALL HE EVENT			١	res 🗌 No 🔀
OR CONTRIBUTING	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Part I or Part II af item	18.)		
	RY Month, Day, Yea	,	60	ACE OF INJURY (Home, for octory, street, office bldg., e			(County)	(Stote
Hour o.m.	10	While of wor	INDI WHITE	A	^			
				10	11 12	20.	1/1	
	at (1) (this haghital) attend	ded the deceased fram	- CA.10	16 1. 10 Mus			t (I) (van) la
21. I certify th	at (i) (iiiis itaspitat				CAA fundadahan		the date of	
saw the deced		wil	1960, and that	death accurred at/_2	m, from the cau	ses and an	The dute s	
		w. 1	1 1960, and that			ses and an	The dule s	22b. DATE
saw the deced		au	1 1960, and that	M.D. ATTENDING M.D. PHYS.	AED. STAFF PHYS.	ses and an	The date s	22b. DATE
saw the deced		all	1960, and that	ATTENDING	AED. STAFF	ses and an	a /	22b. DATE
saw the deced		are T	RANK, M. J	M.D. ATTENDING PHYS. 1	AED. STAFF		QVB.	22b. DATE
saw the decec 22a. SJGNATURE 22c. PHYSICIAN'S NAME (Type)	and alive an Jan and Fr	are of	RANK, M. J	M.D. ATTENDING NO. 122d. ADDRESS SAAW. M.	AED. STAFF PHYS.	0 5 K Y 1	9VE. &	22b. DATE SIGNE
saw the decec 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type): 23a. BURIAL, CREMATII REMOVAL ISPECIT	WICCIAA ON, 23b. DATE THEREO		RANK, M.S. 23c. NAME OF CEMETERY C	M.D. ATTENDING PHYS. 22d. ADDRESS DR CREMATORY	AED. STAFF PHYS. ONTO ME 23d. LOCATION (City	town, or cour	QVR. &	22b. DATE
saw the decec 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATI REMOVAL (Specify BURIAL)	ON, 23b. DATE THEREO		RANK, M. J 23c. NAME OF CEMETERY C Odd Fellow	M.D. ATTENDING PHYS. 22d. ADDRESS CR CREMATORY WS CEMETERY	STAFF DIRECTOR STAFF PHYS. ON TO OM F 23d. LOCATION (City Frackvi	itown, or cour	Penna.	22b. DATE SIGNE
saw the decec 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATI REMOVAL (Specify	ON, 23b. DATE THEREO		RANK, M.S. 23c. NAME OF CEMETERY C	M.D. ATTENDING PHYS. 22d. ADDRESS 244 W. M DR CREMATORY WS Cemetery 25d. REC	STAFF DIRECTOR STAFF PHYS. ON TO OM F 23d. LOCATION (City Frackvi	town, or cour	QVR. &	22b. DATE SIGNE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directac, page 3 should be detoched far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. death. Poge 4 ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs by the haspital or ottending physician.

may be retained TO HOSPITAL O VR A1S (4) 1SM 9/59

Western .	H/A/0 15 37		338	
	And the state of the state of			
	than to the Lewis			
	100 1093 11 60			
, ,			*2 Box	
	oderall diff.		(1904) . 5:40615	
an thunst is	I.D. Hoberton - Wings City			on
	da damenta in the			
The second	1998 643 280	Yes		
		107 -511 1		
	DE THE X			
	por a service of the service of the service of			
,600	olijanast sredenskiho.	0.113: 1-90	10-45-1	
			freezeway for the Townson	

MARYLAND STATE DEPAR	TMENT OF H	EALTH-BAI	TIMORE, 1	8				
847 CERTIF	ICATE OF D	EATH		Reg. Dist. No	. 6084			
PLACE OF DEATH O. COUNTY MONTGOMERY MARYLA	II a STATE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY MONTGOMERY						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 yrs.	0.0	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 3						
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION 13,402 KEATING STREET		d. STREET ADDRESS 13,402 KEATING STREET e. IS R ON YES						
NAME OF DECEASED (Type or print) EMM & LEE	Hoffman	OF	Jan Mon	h o	7 1961			
Female White widowed Divorced	6/18/82		9. AGE (In years last birthday) 78 yrs.	Months Days	Haurs Min			
o. USUAL OCCUPATION (Give kind of work done) during most of working life, even if relized) Glerk, Accounting Dept. Dept. Stor	re L	ouisa Coun			OF WHAT COUN			
JOHN WILLIAM WOOLFOLK	14. MOTHER'S MAR'TH	A A. BIBB						
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 16. SOCIAL SE	17. INFORMANT Mrs. Geo.	L. Ronk, 1	3,402 Kea					
PART I. DEATH WAS CAUSED 89: IMMEDIATE CAUSE (a) Ph/cho Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. [b] DUE TO DUE TO [c]	Thrombo	bolism sis in	calve	9	Set and DEAT			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	r 3-	4 times	Previous	1	19. WAS AUTOP PERFORMED? YES NO			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 While of work of work of work	De. PLACE OF INJURY (H factory, street, affice	ame, farm, 20f. (Cit bldg., etc.)	y ar town)	(County) (Sto			
21. I certify that I attended the deceased fram. alive an 25 dow, 1961, and that do ACTUAL SIGNATURE PHYSICIAN'S MERTON L. WHITE NAME (Type)	eath occurred at	8 15 a.M. fro	m the causes a street, city or town.	nd an the do				
o. BURIAL (Specify) DURIAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETE ROCK CREEK			TION (City, town, o		(State)			
FUNERAL DIRECTOR'S SIGNATURE Y INC. SADDRESS R SPR	RING, MD.	24a. REC'D BY REGIS		TRAR'S SIGNATU				

DATEJAN 3 1 '61

arthur S. Kraus

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH MANUAL ROLLS TO THE STATE OF TH

· LEDEN - PACK M

ACCRECATION OF THE PARTY AND ADDRESS OF THE PA

. . .

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any depenses execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hapth, or its designated agent, prior to burial, cremation, or removal, and in any event Whitin 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 842 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY		a. STATE	CE (Where deceased	lived, If institution: R b. COUNTY	esidence before edmission)		
Montgomery	MARYLAND	Pennsylvania					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (f outside corporate li	mits, write RURAL and	give nearest town)		
Bethesda (Rural)	2 days	Lititz					
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospitel, give street address)	d. STREET ADDRESS		2/2	IS RESIDENCE ON A FARM?		
U. S. Naval Hospital		24 S. All	7	101-	YES NO X		
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day Yeer		
(Type or print) Charles	Rodney	HORNBERGER	OF DEATH	January	26 19 61		
5. SEX 6. COLOR OR RACE 7. MARR		. DATE OF BIRTH		(In years IF UNDER 1	YEAR IF UNDER 24 HRS.		
Male Caucasian WIDOW		8-29-41	lest b	Months D	Deys Hours Min.		
10a. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR				ZEN OF WHAT COUNTRY?		
done during most of working life, even if relired)	J. S. Navy	Pennsylvania USA					
Mariner	. U. Havy	14. MOTHER'S MAIDEN NAME					
		- / / Liberty - July -					
Charles Hornberger		Doris H.	Adams				
(Yes, no. or unkown) i (If yes give we ror detes of service)	SOCIAL SECURITY NO. 17. 1			Address			
	173 32 0447 o	fficial Navy	Records				
18. CAUSE OF DEATH [Enter only one cause per	deration and c	ontusion, bra	ain with i	ntra-	INTERVAL BETWEEN ONSET AND DEATH		
	anial hemorrha				SITUE AND DEATH		
8 13 X DUE TO							
The seal calculation of the se							
geve rise to immediate cause							
(a), stating the underlying DUE TO							
zause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBITING TO DEATH BUT NO	T PELATED TO THE TERMIN	VAL DISEASE CONDI	TION CIVEN IN DARK	1(e) 19. WAS AUTOPSY		
FAKT II. OTHER SIGNIFICANT CONDITIONS CO	THE SERVICE OF THE	T REENTED TO THE TERMIN	AL DISEASE CONDI	HON GIVEN IN PARI	PERFORMED?		
5					YES X NO		
PRIMARY X or CONTRIBUTING	RIBE HOW INJURY OCCURED. (200000000000000000000000000000000000000	B.)			
Sur uca	c by AB&W Bus w						
	. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm ory, street, office bidg., etc.		(Cour			
1005 p.m. 1-23 19 61 of we	ork ork work Str	eet-Columbia	Pike Arl	Lington	Virginia		
21. I certify that I took charge of the re		ld an Autopsy X	Inspection .	Inquiry .	and in my opinion		
death resulted from: Natural causes	, Accident X, Suic		Undeterr	mined manner			
	J. 7 (00100)	CHIEF MEDICAL I			1-200,000		
ACTUAL A 10 B	mehent	- ASSISTANT MED			DATE SIGNED		
SIGNATURE SENIO	1-26-61						
EXAMINER'S TOURS	TADON 14 D	DEPUTY MEDICAL			7-50-07		
NAME (Type) Frank J. BROSCI			city, town, or county)		(5)		
228. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	CKEMATORY		Ilty, town, or country)	(State)		
Burial-Shipment 1-27-62			Lititz		Penna.		
23. FUNERAL DIRECTOR w. W. Laber	ADDRESS Wash	TDC	'D BY REGISTRAR 2	24b. REGISTRAR'S SIG	SNATURE		
W.W.Chambers Funeral Home	, 1400 Chapin S	St. NW DATE AN	3 0 '61	arthur S. 1	Trave		
	<u>-</u>	- 4/11		- 49, /			

A CORON OF A SECRETARIES A THAT TO SECRETARIES OF THE CORON CORES, ISSUED OF A CORON OF THE CORO

> LISS) WERE

L. B. Nevell McSchill

2 5 11,4 1 Charles Scorey 24-69-41 contact of the contac

ta nu jamet VSD - 1 U. S. HSVy 10015

1:51:0:1:001:001:00 Duris H. Mama

SUPPOSED TWO INCOMES THE SE STATE OF UT SELY SELY -stone of the desired of the state of the contract of spectaged faither

Bisel akul Tractore

sected pulcation which and raffe to mortal

----1005 W 1-230 of a war a Street-Columbia Pine willington

Poult J. PERSONER, K.D.

10-10-1 310 400 - 1010 15

W.V.O. Wester & State of Liche, Television of the Committee of the Section of the

4 34

10-05-1

. 44.65 20 1 2

(State)

DECEASED D. Horton Anna DEATH (Type or print) GE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) female white DIVORCED WIDOWED | 00 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) XMMMMENXKA none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in known unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Nursing Home records 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY The word 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II af item 1B.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m While Not while at work at work 1956 to Sa 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive and , and that death occurred a ATTENDING PHYS DIRECTOR THYSICIAN'S 22d. ADDRESS NAME (Type John S. Rogers 23o. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cremation Ft. Lincoln Crematory

840 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Montgomery o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c; CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Silver Spring d. NAME OF HOSPITAL (If not in hospital give street address)
OR INSTITUTION COLESVIILE ROAD d. STREET ADDRESS

e. IS RESIDENCE ON A FARM? YES NO TH Marilea Nursing Home NAME OF 4. DATE Middle Manth Year Last 1961 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO S

> > (Stote) (County)

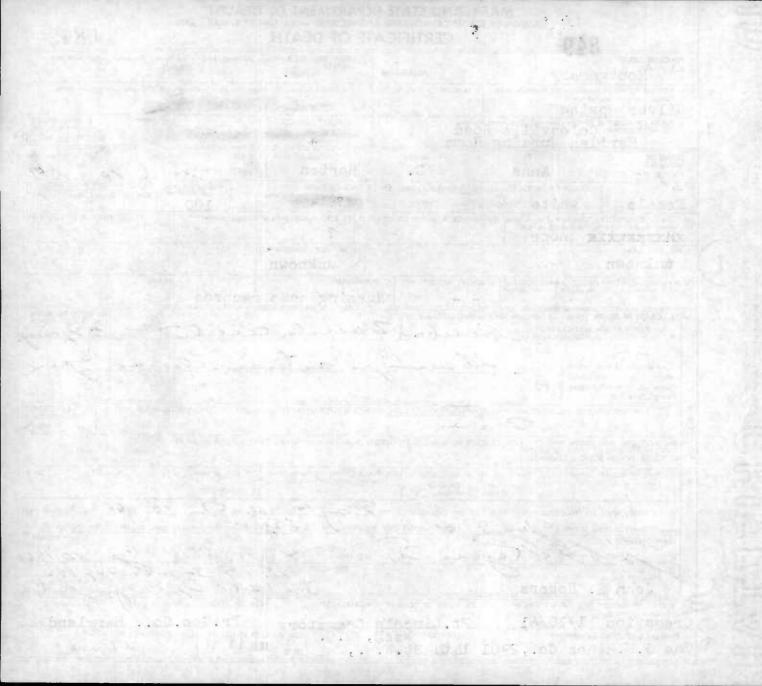
10, 1961, that (1) (we) last M. from the causes and an the date stated above. 22b.DATE

SIGNED

Wash, D.C. 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE Circhary S. Kraus

.H. Hines Co., 2901 Lith St.N.W.

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SEG . CHATE OF MANUELLE CHATE THE STATE OF THE S The state of the second of the Jumes Wingros France Liber Brown Born Brown Fire Paperson Comments County

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

351

CERTIFICATE OF DEATH

Reg. Dist. No. 00844

0										
1. PLACE OF DEATH o. COUNTY MC	ontgomery		MARYLA	ND	2. USUAL RESIDENCE (WE d. STATE Maryland	here deceosed li	I COLLETT	on: Residence Frederi		issian)
RURAL ond give ne	f outside corporate limits carest town) Prsburg	write c.	LENGTH OF STAY IN 6 years		c. CITY OR TOWN (IF o		e limits, write R	URAL and give	nearest to	wn)
OR INSTITUTION	AL (If not in hospital, give thodist Hon			Inc	d. STREET ADDRESS		10	X -9	ON	A FARM?
3. NAME OF DECEASED (Type or print)	First John		Middle Edwar	d	Lost Houck	4. DATE OF DEATH	Man	th	Day 2	Year 19 6/
5. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED [(Z.)		Nov. 2, 18		AGE (In years lost birthdoy) yrs.	Months Do	YEAR IF UN Tys Haur	
10a. USUAL OCCUPATIOn during most of work	DN (Give kind of wark do ling life, even if retired) 1 07	ine 10b. KIN	ID OF BUSINESS OR	INDUS	IRY 11. BIRTHPLACE (Stote Maryla)		try)		J. S.	A.
3. FATHER'S NAME					14. MOTHER'S MAIDEN N		5.31			
	b Jackson H				1	Elizabe			3 384	
(Yes, no. ar unknown) {	R IN U. S. ARMED FORCE		CIAL SECURITY NO.		FORMANT		Add			
no		1	none	As	bury Home re	cords	Ga	ithersh	ourg,	Md.
Conditions, if or gove rise to in cause (o), stoting lying couse lost.	the under- (c)				erotic H				17)	(No.
ICATIC					NOT RELATED TO THE TERM			EN IN PART 1	PERI	FORMED?
	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIE	BE HOW INJURY OCC	URRED	. (Enter noture of injury in	Port I or Port II	of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Y Manth, Day, Yeor 19	20d. INJU While at work	Not while_	0e. PLA foct	CE OF INJURY (Hame, form ory, street, office bldg., etc	n, 20f. (City ar	town)	(Cou	inty)	(State)
alive on	ot I oftended the of	deceosed , 1960		leoth		M, from the	e causes an t, city or town,		late state	
PHYSICIAN'S NAME (Type)	James W. E.	gan /	yur	^	Bethes		Md	// · (•		
220. BURIAL, CREMATION REMOVAL (Specify)	1-5-6	/ 2			CREMATORY Church	22d. LOCATIO	N (City, town,	or county)	772	tote)
29. EUNERAL DIRECTOR'S	SIGNATURE	teces	ADDRESS Faith	us	Burge BAYE	R 84 REGISTRA	R 24b. REGI	STRAR'S SIGN	ATURE	

TO HOSPITAL VS A15 (4) 15M 9/58

Intelligial Toll and the Code of Tolland THE SHARE SEE MIL. Mairy - Action . concepts to Tor the Agel, Inc. W constant 2 large Jacob Jackson Hough Annie Missbeth Lock the kings of the records without the little than the little th

The second of the second of the second

VS A15 (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

66845 Reg. Dist. No.

352	CERTIFICA	ATE OF DEAT	Н	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (W o. STATE Wisconsin	h COUNTY	on: Residence before admission) Price
b. CITY OR TOWN (If autside corporate limits, w RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	11	outside carporate limits, write R	URAL and give nearest town)
Rockville		Phillips		
d. NAME OF HOSPITAL (If not in hospitol, give so or institution 1016 Manle Avenue		d. STREET ADDRESS	8	6X -3 e. IS RESIDENCE ON A FARM? YES \(\square\) NO.
3. NAME OF DECEASED (Type or print) BARBARA	ANN HROUDA	Last	4. DATE Mon OF DEATH January	-
T3 7	MARRIED NEVER MARRIED DIVORCED DIVORCED	6/29/83	9. AGE (In years last birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	106. KIND OF BUSINESS OR INDU	Czechosl		US
13. FATHER'S NAME	17 18 18 18 18 18 18 18 18 18 18 18 18 18	14. MOTHER'S MAIDEN	NAME	
Unknown		Unkn	nown	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, ar unknown) (If yes, give war ar dates of service)	16. SOCIAL SECURITY NO.	INFORMANT	Add	ress
No	1	nes Triebul	.1 -Item# 1	
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY:	per line for (o), (b), and (c).	,		ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost.	Erebial Vas	Scilar a	cciclent	2 Weeks
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Part I or Part II of item 1B.)	
Hour a.m.		LACE OF INJURY (Home, far octory, street, office bldg., et		(County) (State
21. I certify that I attended the de-	ceased fram 12:15 1 6	D, 19, ta	1.2.61,19	that I last saw the deceased
alive an 1.2.61	19, and that death	accurred at $6:15$	M, fram the causes an	nd an the date stated above
ACTUAL SIGNATURE William +	conk	.M.D	ADDRESS (Street, city or town,	state) DATE SIGNED 1/3/61
PHYSICIAN'S William Fra	nk -544 W/	Montgomery	Avenue, Rock	cville,Md.
220. BURIAL, CREMATION. 226. DATE THEREOF BUR-THANSIT 1/3/61	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, Phillips,	or county) (State) Wisconsin
23. FUNERAL DIRECTOR'S SIGNATURE Tyson Wheeler-1331	ADDRESS E. Montg. Ave.	Rockvi LDATE	D BY REGISTRAR 24b. REGI	STRAR'S SIGNATURE Thung S. Kraus

THE STATE OF THE PARTY OF THE P the state of the state of the state of the state of the designation of the Southern the Party of the Southern the Southern

death. Poge 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

KIMENI OI HEAEIH-BAEIH	00846
FICATE OF DEATH	00020

	6084
EICATE OF DEATH	0002
FICATE OF DEATH	Dog Diet No

	853	CEKTIFIC	ATE OF DE	AIH		Reg. Dist. No	о.
o. COUNTY	ONTGOMERY	MARYLAND	A STATE	CE (Where deceased III	ived. If institution b. COUNTY	MONTG	
b. CITY OR TOWN RURAL ond give of SILVER	(If outside corporate limits, v learest town) SPRING	c. LENGTH OF STAY IN 18	10	'N (If outside corporol		URAL and give no	earest town)
OR INSTITUTION	TAL (If not in hospitol, give 706 GILBERT P		d. STREET ADDR	ess '06 GILBER'	r PLACE		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First MAE	Middle HILMA	Lost HUNTER	4. DATE OF DEATH	JAN.		Year 1961
FEMALE		MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 5/8/78	9.	AGE (In years lost birthdoy) 82 yrs.	Months Days	R IF UNDER 24 HRS Hours Min.
0a. USUAL OCCUPATI during most of wo HOMEMAKER	ON (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE		ntry)	12. CITIZEN C	•A•
3. FATHER'S NAME EDWARD JO!	HNSON		14. MOTHER'S MA	JOHNSON			
S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES (If yes, give war or dates of service		INFORMANT Irs. Virgini	a G. MacWi	Addr illiams,		ilbert Pl
gove rise to couse (o), stoting lying couse lost PART II. OT	the under- DUE TO	ONS <u>CO</u> NTRIBUTING TO DEATH B	UT NOT RELATED TO TH	ETERMINAL DISEASE (CONDITION GIV	'EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO TO
20a. ACCIDENT W	AS UNDERLYING 20E	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of in	ury in Port I or Port I	l of item 18.)		123 NO
20c. TIME OF INJU Hour o. m. p. m.		20d. INJURY OCCURRED 20e. While Not while of work	PLACE OF INJURY (Hom foctory, street, office blo		er town)	(County	r) (Stote
ACTUAL SIGNATURE	hat I ottended the de	196 h and that dec	M.D. 31	AM, from the IETT AMPRERIONAL TO UNIV. BLVD. ILVER SPRING,	ne couses on N,cinMc Dyn, EAST MD.	d an the dat stote)	the deceosed the stated obove DATE SIGNED
220. BURIAL, CREMATI- REMOVAL (Specify BURIAL	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY FT. LINCOLN			ON (City, town, o	or county)	(Stote)
23. EUNERAL DIRECTO	FUNDATUREY, INC	ADDRESS	24	TE JAN 2 5 '6	AR 246. REGIS	STRAR'S SIGNATI	URE

moy be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with TO HOSPITAL VS A1S (4) 1SM 9/5B



Sold Total Control of the Control of

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00847

-		
1		DUSUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
1	b. CITY OR TOWN (If duside corporate limits, write RURAL and give negrest town)	(1 M) - 3
-	101/108349	A DECEMBERACE
П	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Hesmon Hospital and Sanifarina	(ch) Whillier SI IVIN YES NO
3	3. NAME OF First Middle	Lost 4. DATE Month Day Year
	(Type or print) FICK PM & HUT	ChINSON DEATH GRIMARY 31 1961
S	1 10 11 190	TE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Foundo White WIDOWED DIVORCED NA	11. 2 (a - 1879 last birthday) Manths Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
П	during mast af warking life, even if retired)	What Ilinairia
-	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
1	13. FAIRER'S NAME	MOTHER'S MAIDEN NAME
L	Dellorson Vanosdale	Hanna Giles
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR. (Young by funknown) (It yes, give wor or dates of service)	
Г	none Ho	spital Records
-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	1/C	reumonia, saag
L	49/X DUETO	2 mg
	Conditions, if ony, which	vacot v ka je
1	gove rise to immediate couse (a), stating the under	emiplosia 1111
	lying couse lost. (c) Heterosdeva	isis Generalized Mude Himm
1		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED?
1	The tenal Hypertens	nter noture of injury in Port I ar Part II of item 18.)
1000	206. ACCIDENT WAS UNDERLYING D OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL-EXAMINER)	ther notice of injury in roll 1 of roll 11 of them 10.)
1	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work 19 of	OF INJURY (Hame, form, 20f. (City or town) (County) (State)
1	Heur a m. 19 While Not while ot work at work	street, office bldg., etc.)
1	n	-9 .40 1 .21 .61
	21. I certify that (I) (this haspital) attended the deceased fram.	CISCETAIN
1	saw the deceased alive on 122 3/ 1961, and that deat	
	22a. SIGNATURE	ATTENDING AMED. STAFF 22b. DATE
	Tinge - tell M.D.	PHYS. B DIRECTOR PHYS. D- HOLL 31, 1961
	22c:PHYSICIAN'S NAME (Type)	22d_ADDRESS
	Berre L Dall	10620 GEORGE CONTRACTOR
2	23a. BURIAL, CREMATION, 286. DATE THEREOF 23c. NAME OF CEMETERY OR CR	EMATORY 23d. LOCATION (City, town, or county) (State)
	REMOVAL (Specify)	
2	removal 2/1/61 Philos Cemet 24. EUNERAL/DIRECTOR'S SIGNATURE ADDRESS (A	250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
1	A X X X X X X X X X X X X X X X X X X X	FED 2 161 (77) - 0 46
1	NUXIN June Co all y W. All	DATE TO BE COMMIT A, THE DESIGNATION OF THE PARTY OF THE

184 Service and the supply of the state of the service the limit of the little of the latest

o. COUNTY	merv ,		. MAI	RYLAND	2. USUAL RESIDENCE O. STATE		eased (ived. If institution b. COUNTY Montg			ore admiss	ion)
b. CITY OR TOWN RURAL ond give	(If outside corporate limi nearest town)	ls, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOW	N (If outside o					arest town)
OR INSTITUTION	ITAL (If not in hospital, o				d. STREET ADDR							IDENCE FARM?
NAME OF DECEASED (Type or print)	fir Infa	st	Midd	ie	losi Hutchison	4. DA	TE	Mon Januar			оу	Yeor 6
SEX Male	6. COLOR OR RACE				8. DATE OF BIRTH	11727	9.			ER I YEAT	Hours	
during most of wo	ION (Give kind of work riving life, even if retired	lone 10b.	-	4-207		(State or forei	gn cou		12.	CITIZEN	OF WHAT	
Glenn WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	itchison SOCIAL SECURITY N	0. 17, 1	Dolory	DEN NAME	ær	Beegh	-Al			
no, or unknown)	(If yes, give war or dates of s	HVICE)	no		mother							
776 Conditions, if gove rise to couse (o), stoting lying couse lost	the under-		Vanm		nerg .						<i>G 7µ</i>	
20a. ACCIDENT W	THER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH				D. (Enter noture of inju				EN IN P	ART 1(0)	PERFO	AUTOPSY RMED?
	Y MEDICAL EXAMINER) RY Month, Doy, Yes	While	NJURY OCCURRED Not while	20e. PL/ foo	ACE OF INJURY (Homestory, street, office bld	e, form, 20f. 2., etc.)	(City o	r town)		(County)		(Stote
Hour o.m.												

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and a should be filled with a boate 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

ofter death. Page 4

TO HOSPITAG VS A15 (4) ISM 9/S5

	HTARG ROLET	3	
	Colored Action	Emmon.	
The transfer was the said	11122		Charles (Wolfred Street States)
			e 11
	· Same and the Suit		
Notice of a supplier	made was the total		A SECOND
Renty Live Long on the Santa		Carried County County of Street	
			of the second
			e Manager et al. et
	yn dangerskier i dit rugary Armedoy Colonia		
The Dept. Service Serv			
	· · · · · · · · · · · · · · · · · · ·		PARTIES

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any despersary, please execute the certificate, writing the word "pending" in pending in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the state Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND AEDICAL EXAMINER'S CERTIFICATE OF DEATH

355	
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before admission)
Mintermery MARYLAND	a. STATE MA b. COUNTY Manta
b. CITY OR TOWN (if pitside corporete limits, write RURA), and give neerest lowpy	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1 1 2 1 1 1 1 1	1 Ail - ahren
d. NAME OF HOSPITAL OR INSTITUTION (if ng) in hospitel, give streat address)	d. STREET ADDRESSO
d NAME OF HOSPITAL ON INSTITUTION (II III) II (II III) II (II III) II (II III) III (II III) III (II III) III (III IIII) III (III III) III (III III	ON A FARM?
8/1 Gallon An	8/1 Jallon Ch YES NO
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print)	Thin DEATH Jan 6 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE IT YEAR IF UNDER 1 YEAR IF UNDER 24 HRS.
Mala Cathata WIDOWED DIVORCED	5-21-1891 (ast bighday) Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	
done during most of working life, even if retired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
12 0 00 an	MINNUE
Kalman Nohen	Mikwow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (Ifyesgive werord sesofservice)	INFORMANT
NO 099-01-1335 T	ase John - Il 2
1B. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Olelusion ONSET AND DEATH
	sukeun
H-20 DUE TO	
Conditions, if any, which (b)	
(a), steling the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
L V	YES NO V
	(Enter neture of Injury In Pert I or Pert II of item 1B.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	LACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)
100 2.111	actory, street, offica bldg., etc.)
21. I certify that I took charge of the remains described above,	
death resulted from: Natural causes , Accident , Su	icide, Homicide, Undetermined manner
A A	CHIEF MEDICAL EXAMINER
SIGNATURE SHAND I Dros chair	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
EXAMINER'S ThAUK J. BLUSCH 2	Address (Streat, city, town, or county)
228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	
REMOVAL (Specify) 1-8-61 KING DOVID MA	EMORIAL GARDEN FALLS CHIPCH VA.
BURIAL 17-0-61 KING DAVID ME 23. FUNERAL DIRECTOR ADDRESS	MORIAL GARDEN FALLS CHURCH VT.
B. DANZANSKY + SONS - 3501 - 14th St.	NW. DATE JAN 9 '01 CLOSING & TOTAL

THE WATER

00850

	357	CERTIFIC	AIE OF DEAL	П		٠.	,0000
1. PLACE OF DEATH o. COUNTY Montgo	mery Count	ty MARYLAI	2. USUAL RESIDENCE a. STATE Marvla		b. COUNTY	ntgome	
b. CITY OR TOWN (If RURAL and give ne Olnev	autside carporate limits, arest town)	write c. LENGTH OF STAY IN 6 days 13hrs. 45m	00 - 113		ite limits, write RU	RAL and give nea	rest town)
OR INSTITUTION	AL (If not in hospitol, give ry Genera		d. STREET ADDRES		Avenue		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle (NMN)	Jefferies	4. DATE OF DEATH	Month Janua	0	
5. SEX Male	6. COLOR OR RACE 7	VIDOWED DIVORCED		0.6. 1006		F UNDER 1 YEAR Manths Doys	Hours Min.
Retired	N (Give kind of work do ing life, even if retired) RR. Clerk	Railingroa	ling Penns	ylvania			what country? d State:
13. FATHER'S NAME Evan Moc	re Jeffer	ies	Mary E	NAME lizabet	h Cross	land	
15. WAS DECEASED EVER		S? 16. SOCIAL SECURITY NO.	7. INFORMANT HOSPI	tal Rec	Addre •rds	5\$	
Conditions, if ar gove rise to it cause (a) stating I lying cause lost. PART II. OTH	the under- (c)	Millesternis Marked en TIONS CONTRIBUTING TO DEATH	to line they send but not related to the ti	erminal disease	Lung CONDITION GIVE	s. Ju	PERFORMED?
20a. ACCIDENT WA	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCC	JRRED. (Enter noture af injury	y in Port I or Part I	II af item 18.)		YES NO
YOUR Hour a.m.	Month, Day, Yeor	20d. INJURY OCCURRED While Nat while at work at work	e. PLACE OF INJURY (Hame, foctory, street, office bldg.,		or tawn)	(County)	(State)
21. I certify that some the deceas 22a. SIGNATURE	1/	attended the deceased from 28 1961, and the	at death accurred at				stated abave. 22b. DATE SIGNED
72c. PHY5ICIAN'S NAME (Type)	Jack Schu	nmacher, M.D.	22d. ADDRESS	hersbur		yland	6
23a. BURIAL, CREMATIO BEMOVAL (Specify)	23b. DATE THEREOF	Oak Grov			on (City, town, or	caunty)	(State)
Ennest C	s 51GNATURE • Gartner	· Gaithersbur		FEB 2		Trak's SIGNATUR	

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

r death. Page 4

	Control of the second		¥00	
(12° C '31° C	insf_ks		Tiuco Tiac	jinc .
	ูนมว่านางป่าร	13. 25. 5 in	Y	⊃r. <u>I</u>
ייריזעכ	Sul Trederick	135iceo	LS:101.0. Yro	o ste
Tenuel 25 Cl	offerice	(ar		
27	अर्था अर्थान्त्र	E COMPANY TAX	ອະນາ	913
odisc otino	Bins Frankor			
croselené	Adecise il Maria de la compacta	1	ouce deliferies	115 V.
abı	•00. Isbiqao			

- -

an film properties

TO HOSPITAL O

VR A1S (4) 1SM 9/59

66851

o. COUNTY Mont	gomery	MARYLAND	2. USUAL RESIDENCE (W d. STATE Virgi	/here deceased lived. If institution: Reb. COUNTY	rlington
	(If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside corporote limits, write RURAL	and give nearest tawn)
975 4.0	nesda	119 Days	Arlin	ngton	83X-3
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street		d. STREET ADDRESS		e. IS RESIDENC ON A FARM
	Clinical Center	r	4400 Lee	Highway, Apt. 211	
B. NAME OF DECEASED (Type or print)	First William	Middle Anthony	Jewby	4. DATE Month OF DEATH Januar	Day Yeor Ty 26. 196
S. SEX		RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UI	NDER 1 YEAR IF UNDER 24 H
W Male	White WIDO	WED DIVORCED	December 6,	1901 Syrs. Mor	oths Days Hours Mi
Oa. USUAL OCCUPAT	ION (Give kind of work done 10	b. KIND OF BUSINESS OR INDU			CITIZEN OF WHAT COUNT
	rking life, even if retired)	Unknown	Pennsylv	rania	USA
3. FATHER'S NAME	702 1122002		14. MOTHER'S MAIDEN		
William C.	Jewhy		Anna M. Bi	ncowe	
S. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. II		dical Record Add The	Clinical
(Yes, no, or unknown)	(If yes, give wor or dates of service)	226-56-3926 C		da lle Maryland	OTTIMOSE
	ATH [Enter anly ane cause per		enver Domes	da in iaiviand	INTERVAL BETWEE
			ntiaemin		ONSET AND DEAT
0.0	IMMEDIATE CAUSE (a)	neumonia and Se	bercemira		1 mont
203	DUE TO	200 200 200			0.36 13
Conditions, if		ultiple Myeloma			8 Months
couse (a), stating	the under- DUE TO				
lying couse last					
CATIO	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	ainal disease condition given in	PART 1(a) 19. WAS AUTOF PERFORMED YES NO
20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	/AS UNDERLYING ☐ 20b. DI G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	escribe how injury occurre	D. (Enter nature of injury in	Part I ar Part II of item 18.)	
S DO. THAT OF HALL		t -	ACE OF INJURY (Home, for actory, street, affice bldg., et		(Caunty) (St
20c. TIME OF INJU Havr o. m. p. m.	10				
Haur o. m. p. m.	at (I) (this hospital) atte	nded the deceased fram.	September 29	20 a m the causes and ar	1961, that (I) (we) I
Haur o. m. p. m.	at (I) (this hospital) atte	nded the deceased fram 269 61, and that a	M.D. PHYS.	AED. STAFF APPLYS.	the date stated aba 22b. DAT 1/26
21. I certify the	at (I) (this hospital) atte	nded the deceased fram. 26,9 61, and that a	M.D. ATTENDING DATES TELESCOPE	M. fram the causes and ar	the date stated about 22b. DAT 1/26, National
Haur o. m. p. m. 21. I certify th saw the decec 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	of which is the spiral of the control of the contro	nded the deceased fram. 26,9 61, and that a	M.D. ATTENDING CALL ADDRESS TELES	ACD. STAFF. A PHYS. A	the date stated about 22b. DATE 1/26, National esda 14, Mary
21. I certify the saw the decection of t	of which is the spiral of the control of the contro	nded the deceased fram. y 26 y 61, and that a no, Jr., MD	M.D. ATTENDING DATES THE PHYS. 22d. ADDRESS THE Institutes	ACD. STAFF A S	the date stated about 22b. DATE 1/26, National esda 11, Mary

SER CERTIFICATE OF SEATS CHES THE RESERVE OF THE PARTY OF THE PARTY STREET, AND THE PARTY OF TH , H CHEEN LE LE LE LE and the state of t sicial 1/30/1951 Celvary Memorial Park Turning 22915 MARTEDO EDEC. Acodes Callerine Control in ton. Vs. death. Poge 4

moy be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I the State Board of Health prior to burial, cremation, or removal, and in any event, within, 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours.

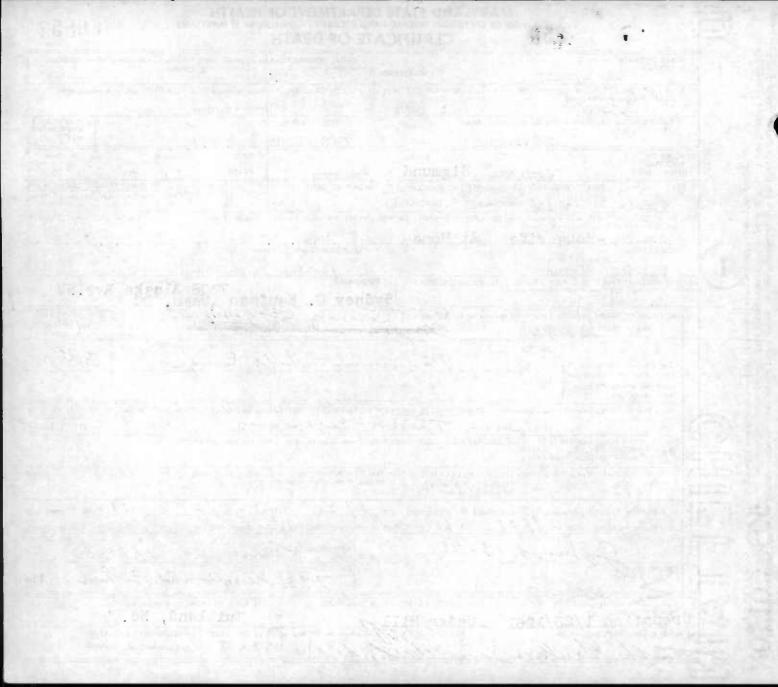
TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00852

1.	PLACE OF DEATH o. COUNTY	ontgomery		MARYLAND	2. USUAL RESIDEN o. STATE	CE (Where decease	d lived. If instituti b. COUNTY		ce befare adm	ission)
	RURAL and give ne	autside carporate limi arest tawn) 10532	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If outside corpo	4.1	URAL ond	give nearest to	wn)
		AL (If not in hospital, g			d. STREET ADD	RESS			ON	ESIDENCE A FARM?
			rban			aska Ave.			1	
3.	NAME OF DECEASED (Type or print)	Fir Jean	ette	Sigmund	Kaufman	4. DATE OF DEATH	Mor Jan		Day	Year 19 61
5.	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		1 YEAR IF UN	-
	Femaly	white	WIDOWI	ED DIVORCED	6/1	5/78	SO yrs.	Months	Days Hour	s Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDI	STRY 11. BIRTHPLACE	(Stale or foreign o		12. CITI	ZEN OF WHA	COUNTRY?
		ing life, even if retired -HouseWij		At Home	Usch	. D.C		TT	CI &	
13.	FATHER'S NAME	-mousewit		AU HOME	14. MOTHER'S MA				* 13 · W	
	Trilliam	Sigmund			2.2.2.2	32				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	Modeli	ne Ner	Add	lress ,		
(Ye		If yes, give war or dates of s	ervice)	q,	dney C.	Kaufman	7308 AL	aska	Ave.N	IW
	TIP CALISE OF DEA	TM [Sates only one of	use per li	ne for (a), (b), and (c).]		Ochly		שכ	INTERVAL	RETWEEN
		TH WAS CAUSED BY:		(1), (d), (d), (d), (d), (d), (d), (d), (d	oroning	0-1	Jan .		ONSET AN	
	Lazx	DUE TO			===	2				2
	Canditions, if ar	y, which) (b		Penus	nomin -	Keft. S	ung -		30	. che
	gave rise to in	nmediate (,			U	0	75.5		
	lying couse lost.	he under-	1							
Z		ER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH BL	T NOT RELATED TO TH	IE TERMINAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(a) 19. WA	S AUTOPSY
CATION			Lin	na Trem	7. Selt	lung.			PER YES	FORMED?
CERTIFIC	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of in	jury in Part I ar Pa	rt II of item 1B.)		10,35	
ALC		Y Manth, Day, Ye	or 204 II	NJURY OCCURRED 20e. F	LACE OF INJURY (Hon	ne form 20f (Cit	v or town)	-	Caunty)	(State)
MEDIC	Hour o.m.	19	While at war	Not while f	actory, street, office bl	dg., etc.)	, or town,		county	(3.0.0)
3	21. I certify tha	t (I) (this haspital) attend	ded the deceased fram	1/20	1 <u>96 /</u> ta	1/21	196	L, that (1)	(me) last
H	saw the deceas	ed alive an 1/	21	1961 , and that	death accurred a	It AM, fram	the causes ar	nd an the	e date state	ed abave.
3	22a. SIGNATURE	2 /		2 0 0				,		22b. DATE SIGNED
Н	5	Lyfon &	1. 10	sall.	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.	1/2	2/61	SIGNED
i	22c. PHYSICIAN'S NAME (Type)	Talan Dall			22d. ADDRESS	36 Grenn	gilown Ra	1. Bi	Chal	14 Ma
23	BURIAL, CREMATIO	John Bell N. 236. DATE THEREC	OF .	23c. NAME OF CEMETERY	OR CREMATORY		TION (City, town,	,,	(S	tote)
1	removal (Specify)	1/23/19	67	Cedar Hill	1		itland,	Md.		
	FUNERAL DIRECTOR		1. () ADDRESS /75%)	Venu aus	a. REC'D BY REGIS	TRAR 25b. REG	STRAR'S SI	11	
1	ESERIE.	Marker	N Se	ases Willele	1 14.00	AIE-				



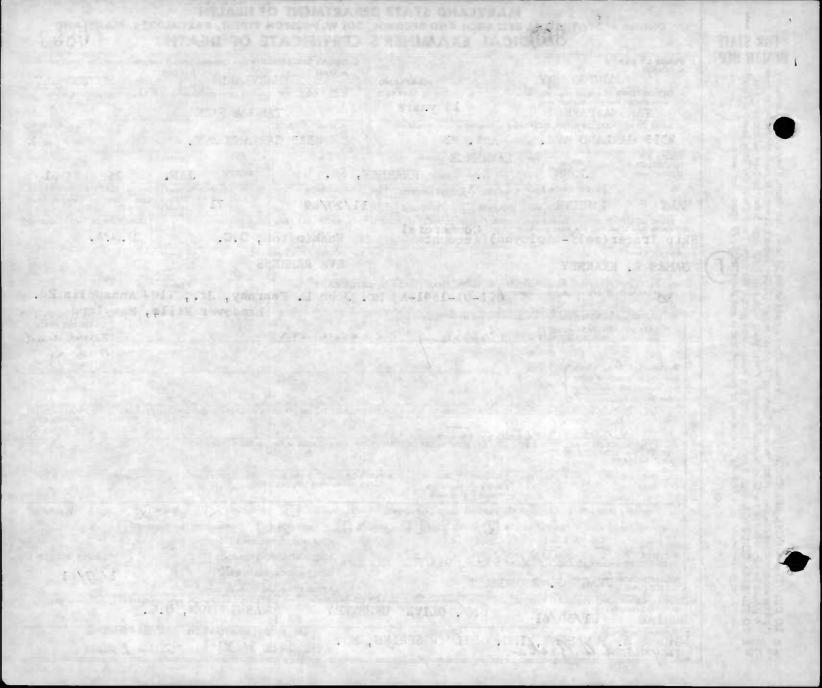
FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decreessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Habith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

H	H
VS.	A15ME
5M	7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OMBDICAL EXAMINER'S CERTIFICATE OF DEATH

٠ ا	1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Whare daceasa		tion: Residar	nce before a	dmission)
	a. COUNTY MONTGOMERY	MARYLAND		ARYLAND	b. COUNTY		NTGOM	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) TAKOMA PARK	18 years	c. CITY OR TOWN (If outside corporate AKOMA PARI		AL and giva	nearest tow	/n)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, 8313 GARLAND AVE . Apt .		d. STREET ADDRESS 8313 G.	ARLAND AV	E.			A FARM?
	3. NAME OF DECEASED (Type or print) JOHN XXX	CE Middle KEARNE	Last Y, SR.	4. DATE OF DEATH	Month JAN.	Day 26	Year	
3	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		E (In years IF UN			
	MALE WHITE WIDOWED	DIVORCED	11/20/89	71"	birthday) Mon	ths Days	Hours	Min.
		mmercial	RY 11. BIRTHPLACE (State Washingto		12	U.S.A		OUNTRY
	JAMES P. KEARNEY		14. MOTHER'S MAIDEN EVA BEHRE					
	18. CAUSE OF DEATH (Enter only one cause par line for IMMEDIATE CAUSE (a)	or (e), (b), and (c).]	r. John L. Ke	earney, Jr Landover	Hill9,	Mary N	oolis	WEEN DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED CAUSE EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	-						
		RY OCCURRED 20e. PL	(Enter nature of injury in Par ACE OF INJURY (Homa, farn ctory, street, office bldg., etc	m, ; 20f. (City or lo		(County)		(State)
1	21. I certify that I took charge of the remains	s described above, h	eld an Autopsy , cide , Homicide CHIEF MEDICAL		Inquiry J	~	in my o	pinion
	SIGNATURE Sant Je / Inor	hart	M.D.	DICAL EXAMINER			DATE SIG	NED
	EXAMINER'S FRANK S. BROSCHART		DEPUTY MEDICA Address (Street,	city, town, or count	у)	1/	27/61	
	REMOVAL (Specify) BURIAL 1/30/61	. NAME OF CEMETERY CE	METERY	WASHINGTO	ON, D.C.		(Stal	a)
	23. FUNERAL DIRECTOR WARNER E. BUMPHDEY INC. SI	LIVER SPRING	MD. 248. REC	EB 3 '61	24b. REGISTRA	R'S SIGNAT		



death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	13	0	1-	1
0	6	O	U	4

1	
	1.
F	
-	
	-

361

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any eyent, within 72 haurs after death.

by the haspital ar attending physician.

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

1. PLACE OF DEATH a. COUNTY Mon	tgomery		MAR	YLAND	2. USUAL RESIDENCE (Was STATE Pennsy	Where decease		an: Residen	ce befor	e admissi	on)
b. CITY OR TOWN (I RUPAL and give no Bethesd	f outside corporate limits earest town) B.	, write c.	LENGTH OF STAY	IN 1b	South For		orote limits, write R	URAL ond	give near	rest town)	
OR INSTITUTION	AL (If not in hospital, gi			Md.	d. STREET ADDRESS	ե	7	75>	(-3		DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	He nry		Middle Leon		Kellock	4. DATE OF DEATH	January		Day 2]		9 6 1
s. sex Male	6. COLOR OR RACE White	7. MARRIED		-	January 17,	1877	9. AGE (In years lost birthday) OLL yrs.	Months Months	1 YEAR Days	Hours	R 24 HRS Min.
10a. USUAL OCCUPATION during most of work Miner	DN (Give kind of work d king life, even if retired)		ND OF BUSINESS O	OR INDUS	Pennsyl		country)		S.A	WHATCO	OUNTRY
13. FATHER'S NAME Ale	xander Kell	ock			14. MOTHER'S MAIDEN Lillian		on				
	R IN U. S. ARMED FORC (If yes, give war or dates of ser	vice)	CIAL SECURITY NO.		e Clinical	edical Center	Records	a 14.	Mar	ylar	nd
Conditions, if a gave rise to i cause (a), stating lying couse last.	mmediote the under- (c)	acu	diac idosis te rev	ata	failure of related to the terr			(FALIN BAD	4	WEL	eks eks
ICATIO	HER SIGNIFICANT COND							VEN IIN FAK	1 1(0) 11	PERFOR	RMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	206. DESCRI	BE HOW INJURY C	OCCURRED	. (Enter noture of injury in	n Part I or Po	rt II of item 18.)			1	
ZOc. TIME OF INJUR Hour a. m. p. m.	Y Manth, Doy, Yea 19	While of work	JRY OCCURRED Nat while of wark		CE OF INJURY (Home, for ory, street, office bldg., e		y or town)	(0	County)		(State)
	Bains JERRY M	ary 27 1. B		M. C	National Bethesda	*05 fam. MED. DIRECTOR TO Clir To Clir	STAFF PHYS. TX nical Cen	ter Healt	/21/	stated	abave D. DATE SIGNED
24. FUNERAL DIRECTOR	1-20-	6/	SOUTA ADDRESS	1	250. REC	C'D BY REGIS	TRAR 25b. REGI	STRAR'S SIG			4
Celiar	Con (C)	1/1/10	1	2. 86	7/- LOBATE	JAN 24	'61	Irilan .	8. th	MA	

TO HOSPITAL C VR A15 (4) 15M 9/59

Box I American Land And draw Addition . W. old abunder, total and all office for if the transmission is faction and Male fill the grant like the world with the A. ... Water Committee legi yangi The Committee of the colonies And Jumper Lands and Comment 48 1 113 15 would being stood of the De and the property of the transfer of the property of the proper A 12:00 10:00 10:00 10:00 10:00 10:00 12:00 12:00 10:0 X W TJames JERRY W MANUS MA DELECTION OF THE PROPERTY OF THE PARTY O Some 1-25-61 South Fort Com South Fort

LAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before admission) . COUNTY director. Page B) COUNTY Nontgomery
b. CITY OR TOWN (if out ide corporete limits, MARYLAND trine Hea c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give neerest town) retained for your 9 LKOMA Park, STITUTION (if not in hospital, give street eddress) Takoma hillur State Board . IS RESIDENCE tould be executed within 24 hours after death. If any definition in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained for burial-transit permit. File pages 1 and 2 with the State Botton and in any event within 72 hours after death. ON A FARM? Washington Sanitavium
3. NAME OF DECEASED First 0 YES NO rrec DATE Year (Type or print) DEATH 19 0 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In yeers | IF UNGER 1 YEAR IP UNDER 24 HRS. 7. MARRIED NEVER MARRIED ast birthday) Months WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 11(BIRTHPLACE State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Reland Mailread 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Kell 110nnell MEDICAL EXAMINER: This certificate should be executed within WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ((If yas give war or detes of service) Chact WAShington Dan 18. CAUSE OF DEATH [Enter only one-cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) removal geve rise to immediate cause "pending" O Medical Examiner's Se (a), steting the undarlying causa lest. pe nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be r its designated agent, prior to burial, cremali 0 NO 200. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of item 2Db. PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLAGE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Year (State) fectory, street, office bldg., atc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autops/ Inspection death resulted from: Natural causes Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Typa) oschah Address (Streat, city, town, or county) BURIAL CREMATION. 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Spacify) 40 6 ā 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 3831 5M 7/59 nous.

COMPANY OF THE STREET CONTROL OF THE PROPERTY the party tosin Harris Court of Court of the Co STATE OF THE VOYE TERMS TO SERVED THE STATE OF THE SERVED TO SERVED THE SERVE As a passing the state of the state of 77 3 318 5 2 Larson The same of the same of the 100000 1-7-61 mx Whender - Jane 15-Weeker Frenchisc Hope - 5834 grand agent a contra

TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

4

	OF STATISTICAL RESEARCH AND RECORDS	- BAL
863	CERTIFICATE OF D	EATH

00856

	a. COUNTY ONTGOMER MARYLAND 2. USUAL RESIDENCE OF STATE O	CE (Where deceased lived. If institution: Residence before admission) b. COUNTY WOUTE
)		N (If autside carporate limits, write RURAL and give nearest town)
)	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION OF HIRLAND NURSINGHOME 1/109-	DEVERE DRIVE ON A FARM? YES NO DE
	3. NAME OF DECEASED (Type or print) First Middle Lost Lost First Middle	4. DATE Month Day Year 1961
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 9-15-1	9. AGE (In years low bightedy) Manths Doys Haurs Min.
	during most of working life, even if retired)	(State or foreign country) 12.CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME CHARLES TAISHOFF 14. MOTHER'S MAI	THE FRIEDLAND
	(15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unknown) (If yes, give wor or dates of service) 579-12-3785 EDITH H	DROWITZ 100 S.S.PG. M.D.
	18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CPC byo Cascular	Cecident INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-	worden distant
	Jying cause lost. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ury in Part I or Port II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year Mile Not while ot work of work 19 20d. INJURY OCCURRED While Not while ot work 19 20d. INJURY OCCURRED While Not while ot work 19	
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 19, and that death accurred a	
	22a. SIGNATURE ROUS PHYS. ATTENDING PHYS. 22d. ADDRESS 22d. ADDRESS	MED. STAFF DIRECTOR SIGNED 25.196.1
	230, BURAL CREMATION, 236, DATE THEREOF 23C, NAME OF CEMETERY OR CREMATORY	23d, UDCATION (City, town, pr caunty) (State)
	Exercise 1/26/61 GEO. WASH. CETO.	HYATTSVILLE, ND.
U	1/1000 11 00/11 1/- 17 071/1911	o. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE ATE JAN 2 7 '61 Criting & Kines

The state of the contract of the state of th william of the land of the work of the wor Stranger Horacon Ville

VS A15 (4) 15M 10/57

MAKYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE	, 18	1.000
364	CERTIFICA	ATE OF DEATH		Reg. Dist. N	. 6085
PLACE OF DEATH O. COUNTY MONTCOME	RY MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If inst b. COU		efare admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Silver Spring	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	Iside corporate limits, wr	ite RURAL and give n	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION ALTHEA WOODLAND	HOME	d. STREET ADDRESS 5012 a	rkansa	Muchlu	e. IS RESIDENCE ON A FARM
NAME OF DECEASED (Type or print) EMILIF	Middle 5	ESSLER	4. DATE OF DEATH	Month Can C	Day Year
Female Collete WIDOW	ED DIVORCED	8. DATE OF BIRTH NOV 27, 187		yrs. Months Doys	AR IF UNDER 24 H s Hours Min
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Home	Washen	egton D	C 12. CITIZEN	OF WHAT COUN
3. FATHER'S NAME CHRIS F.	FENDNER	SOPHIA	4 E	BERTS	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17, 1	NFORMANT EMMA KE	SSLER	Address	rhans
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	erebral	Miron	bosis	07	NTERVAL BETWEEN
Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO (b) DUE TO (c) (c)	erebral (irtoriosc	lerosoe		10 yr
PARTI. OTHER SIGNIFICANT CONDITIONS	ypertens	in mo	dorate		19. WAS AUTOF PERFORMED YES NO
200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Pa	rt I ar Part II af item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. I Haur a. m. 19 While at war	Not while for	ACE OF INJURY (Home, form, clory, street, affice bldg., etc.)	20f. (City or town)	(Count	(Ste
21. I certify that I attended the decease alive an	Bagecont		M, fram the cause DDRESS (Street, city or to		
220. BURIAL, CREMATION, 22b. DATE THEREOF BEMOVAL (Specify) 1-10-6	22c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, 10)	ig Tox	D C
23. FUNERAL DIRECTOR'S SIGNATURE	nue 4812 Sa	aug My DATE JAN		REGISTRAR'S SIGNAT	

BE JACKETHAS HEART TO BE	AND STATE DEPARTA	DYJEART ST.
HTANG TO BEA		
		Control of the second
		Salar of Artistan
STATE OF THE PARTY OF THE	a m xem	Level Carlint
	The Marie	
STATES - KNASCH	- 12 kg h = 1	2/1/1/2
WALL Y COSY EN 2015 THE COM		
	The second	
		d it to mad by the
Head - Callery Co. Co.		

	863 SERMICALE ST DEAM
	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. VENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
4	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION The personnel of the street address of the street addr
	NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) BESS K KICKIGHTER DEATH JAN 29 1961
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors left under 1 year If under 24 Hrs. lost birthday) Months Day's Hours Min. 75 yrs. 8 23's Hours Min.
	00. USUAL OCCUPATION (Give kind of work done during prost of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 11. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME 11. Kimball 14. MOTHER'S MAIDEN NAME Julia Reynolds.
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NOTE 16. SOCIAL SECURITY NO. 17. INFORMANT NOTE NOTE
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ON GESTLINE NE and failure and Winterval BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a)
	Conditions, if any, which (b) gove rise to immediate
	couse (o), stating the <u>under-</u> lying cause lost. DUE TO (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO } \overline{
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 20f. (City ar tawn) (County) (Stote) While Not while at wark at wark at wark
	21. I certify that (I) (this hospital) attended the deceased fram. A PR. 1941, to 29 Jan. 1961, that (I) (we) last saw the deceased alive an 28 Jan. 1961, and that death accurred at 8 Jan. fram the causes and an the date stated above.
	220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 29 cm 6
/ [22c. PHYSICIAN'S NAME (Type) HERBERT MARTYN IR 22d. ADDRESS SOL9 BETHESON AVE.
	23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) BURIAL Specify 2/2/61 Arlington Nat. Cem. Arlington Virginia
	Robert A. Pumphrey Bethesda. Marylandoate FEB 2 '61 Cultural S. House

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL C

VR A1S (4) 1SM 9/S9

国际基础的 化分型 计分类 医动脉 almosty against the prost roll north transfer for the Targue Robert A. Lumphrey Selbeads, Maryland A. Stados

TO HOSPITAL

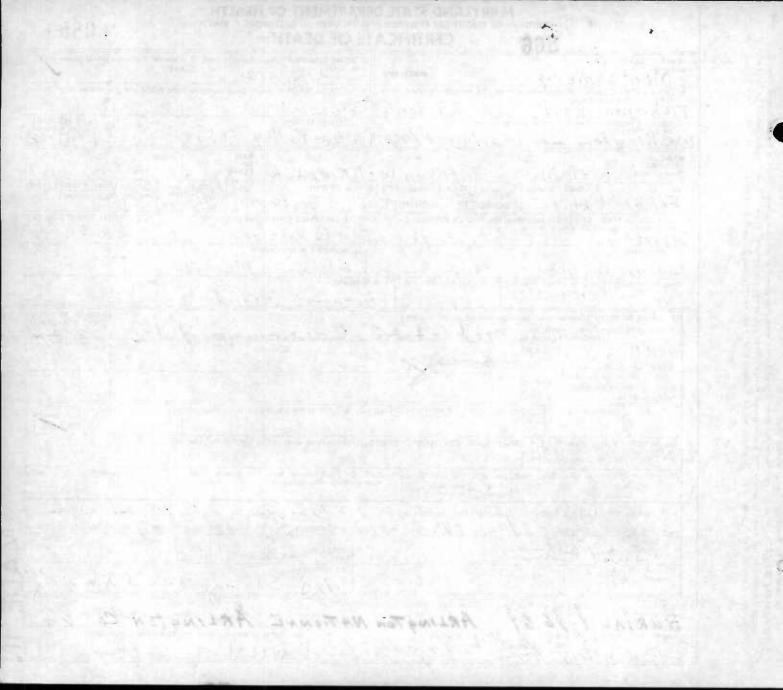
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 866

00859

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE /
	Montgomery	Virginia
	b. CITY OR TOWN (If outside corporole limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Q	Takoma Park 29 days	Alexandria
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS d. STREET ADDRESS ON A FARM?
	Washington Danitarium + Hosp	3716 Valley Vive PYES NOS
	3. NAME OF DECEASED (Type or print) Adelaide Kathryn (15	t) Kiebach 1. Date Month Doy Year OF DEATH Jan. 1/ 1961
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
	remale white widowed Divorced	June 21, 1917 43 yrs.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretery City of Alexand	1. P 1 1 71 C A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Boucher Hacker	Florence Merkel
Ī	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes, give wor or dates of service)	INFORMANT Address
	No.	Hospital Records
Ī	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Metasta	Carcinome & the 3 de
	DUE TO	0 200.
1	Conditions, if ony, which) (b)	
1	gove rise to immediate	
	couse (o), stoting the <u>under-</u> lying couse lost.	
		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)
		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
1	21. I certify that (I) (this haspital) attended the deceased fram	12/12 1960, to 1/11, 1961, that (1) (we) lost
		death occurred a M, fram the couses and on the date stated above.
	220. SIGNATURE	22b. DATE
	Harrel Okenen,	M.D. PHYS. DIRECTOR STAFF PHYS. SIGNED
	22c. PHYSICIAN S NAME (Type)	22d. ADDRESS
	(1)	11/0 2/200 24 2/100 2/200
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote)	
	BURIAL 1-16-61 ARLINIGTON	NATIONAL ARLINGTON CO. VA.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Emply-Weitter H. Home Clef. Uh	DATEN 1 6 '61 Cirily S. Kines



e 4		lar,	vith	1	B
Pog		direc	led v	1	F
eath.		neral	be f		-
er d		se fur	plood	-	,
Ur		by th	d 2 si	0	
4 ho		ed in	lon		
thin 2		y fille	oges	death	
iw be		pletel	rs. F	after	
tecute		COM	pape	OULS	
be ey		ond (rban	72 h	1
cate		Sicial	ve co	within	
certifi		g phy	remo	vent,	
eoth (endin	eose	ony e	
the d		e atte	en pl	d in	
thot		by th	+ +	ol, an	
uires		gned	permi	emovo	
v req	cian.	en si	nsit	or re	
e lov	physi	os pe	ol-tro	ofian,	
一二	ding	ote h	pari	crem	
ICIA	atten	rtific	os the	iriol,	
PHYS	lo le	his ce	use	to be	
NG	ospite	fter ti	d for	prior	
END	the h	R: A	tache	t lo	
ATI	d by	ECTO	op oc	of He	
TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours for death. Page 4	moy be retained by the hospital or attending physician.	LDIR	oge 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with	the State Board of Health prior to buriol, crematian, or removal, and in any event, within 72 hours after death.	
SPITA	be re	JERA	3 she	tate B	
OHO	moy	F	pode	the Si	
10		2		_	-
VD	A 2	5	145		1

M)		PLACE OF DEATH o. COUNTY MON	tgomery		MARYLANI	o. STATE	arylar			institutio DUNTY	on: Residence I					
		Bethesde		ts, write c.	12 days	X	it her			write R	URAL ond give	nearest (e. IS RESIDENCE ON A FARM? YES NO S Day Yeor 1/196 AR IF UNDER 24 HR: S Hours Min. OF WHAT COUNTRY I.S. A. OF WHAT COUNT			
74		d. NAME OF HOSP OR INSTITUTION Suburb	ITAL (If not in hospitol, g l IAN	ive street odd	ress)	d. STREET	F.D. 3	Box	219			0	N A FARM?			
-		NAME OF DECEASED (Type or print)	Fin Edgar	st	Middle Lewis	Kilby	st	4. DATE OF DEATH		Mon 1	th	Day 14				
	5. 9	M M	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED		тн h 2.1	891	9. AGE (In lost birt		Months Da	-				
		. USUAL OCCUPAT during most of wo Farmer FATHER'S NAME	ION (Give kind of work or rking life, even if retired)	done 10b. KIN	ID OF BUSINESS OR IN	DUSTRY 11. BIRTHP	LACE (Stote Virgin	or foreign	country)			U.S	AT COUNTRY			
1			Carter Kill		and a second second	INFORMANT	Minn	ie Da	vis	Addı						
	(Yes	No	/ER IN U. S. ARMED FOR	ervice)		Warrner T	. Kilb	y (so	n) R	t,]	L Germa	ntow	n. Md.			
	-	Conditions, if gove rise to couse (o), stoting lying couse lost	g the <u>under-</u> DUE TO	The	yours Leis	cleron	right is, C	and orc	Cor	on	Englar Hest.	+	dzy			
2	CERTIFICATION	Abdou 20a. ACCIDENT W OR CONTRIBUTION	THER SIGNIFICANT CON MUNDO VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	ortre	ETRIBUTING TO DEATH I	rypur	wife	n Ale	route	320	PEN IN PARTAL	PE	ERFORMED2			
	MEDICAL	20c, TIME OF INJU Hour o. m p. m.	10	While _	RY OCCURRED 20e. Not while ot work	PLACE OF INJURY foctory, street, office			ty or town)		(Cou	nty)	(Stote			
1			at (I) (this haspital ased alive an and The	12	19_6/, and tha	11	IG MI	/	STAFF							
1	4	BURIAL, CREMATI REMOVAL (Specif PLANTER DIRECTO	1-16-	F6/ 2	3c. MAME OF CEMETER	OR CREMATORY	%o. REC'	23d. LOG	ATION (Sity,	al	STRAR'S SIGN	In	(Stote)			
13		15 65 -	rarmer	- ye	silvero	1 12	DATE I	AN 1 7	161	-	Turlin 2	Krauk				

CONTROL OF THE CONTRO	Copyright half			yta.	
EXTRA CONTROL OF THE		The state of the s			
ALVANOR ALVANOR AND ALVANOR AN		ors we consider			
Alvid within the control of the cont					
en proposition (see) with Theorems (See See See See See See See See See Se		The Bearing			
ever amendment of the control of the	Maria III				
		Charle Manne			
The state of the s			5		

death. Page 4

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL O

VS A1S (4) 15M 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

		868		CER	HIFICA	AIE OF D	EAII				Reg. D	ist. No		
1.	PLACE OF DEATH	tgomerv	1510	MA	ARYLAND	2. USUAL RESID	ence (Wi			nstitutio	37		re odmissi	
	b. CITY OR TOWN (IF RURAL and give new	outside corporate limi	ts, write	c. LENGTH OF ST	AY IN 1b	c CITY OR TO	-	outside corpo	-	write RI				
	d. NAME OF HOSPITA OR INSTITUTION RFD #			ddress)		d. STREET AL	DDRESS		nrov	ia			e. IS RESI ON A YES	FARM?
3.	NAME OF DECEASED (Type or print)	Fii Bo	nnie	Mide Jea		king lost		4. DATE OF DEATH		Jan		Do		rear 1961
S.	sex Female	6. COLOR OR RACE White	7. MAR		RRIED	B. DATE OF BIRTH June 2'	7. 1	952	9. AGE (In last birth	vegrs		R 1 YEAR Days	Hours Hours	R 24 HRS Min.
10	a. USUAL OCCUPATIO during most of worki NO1	ng life, even if retired	dane 10b.	KIND OF BUSINESS	S OR INDU		ce (State		ountry)		12. CI		WHATC	OUNTRY?
13	FATHER'S NAME	el V. Kir	ıg			14. MOTHER'S		NÂME	Brow	n		4		
	. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY I		Sarl V.	Kin	g. I	tem	Addr	ess	B		
		TH {Enter anly one con TH WAS CAUSED BY: IMMEDIATE CAUSE (c	10.0	ne far (a), (b), and	(c).] h	idrine	igh	alus				INT	ERVAL BE SET AND	TWEEN DEATH
	75 l	DUE TO	1	exital	me	himmo	cre	2		4		8	bea	Na
	gave rise to in couse (a), stoting t lying cause last.	mediate (DUE TO				6							1	
CATION	PART II. OTH	er significant con	DITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THETERM	INAL DISEAS	E CONDITIC	ON GIV	EN IN PA	RT 1(o)	PERFO YES	RMED?
CERTIFI	(IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of	injury in	Part I or Por	t II of item	18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	or 20d. I While of wor	NJURY OCCURRED Nat while		ACE OF INJURY (Fitory, street, office			or town)			(County)		(Stote)
	21. I certify the	at I attended the		- m	こと at death	occurred at_	2 P	M, fram	/					eceased abave
ŀ	ACTUAL SIGNATURE	mes P.	Ker	~		M.D. U	lom	ADDRESS (Si	treet, city or	nd.	stote)		DAY	3/6
	PHYSICIAN'S NAME (Type)	James P.	Ker	r										
22	BENDYAL (Specify)	Jan.5,	196		EMETERY O				rion (city, Purdu	m.	Md.		(Stote	e)
23	FUNERAL DIRECTOR'S	SIGNATURE Wolse	inth	Damas Damas	cus.	Md.	240. REC	D BY REGIST	1 24b		TRAR'S S			

AND STAND STAND BEING MILET OF HUMBER STANDARD STAND GRANT STANDARD The state of the s .ne. _ .ne. _ .ne. _ .ne. _ .ne. _ .ne. A DESCRIPTION OF THE PROPERTY . to mubani

VS A15 (4) 15M 9/58

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

869 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY MO	ntgomery		MARYLANI		o. STATE M			lived. If institution b. COUNTY				ion)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, v nearest town)	write c. LE	NGTH OF STAY IN 11	b	c. CITY OR T		utside corpora	ete limits, write R	JRAL ond g	give nec	rest town	1)
d. NAME OF HOS OR INSTITUTION Brooke Gr	PITAL (If not in hospital, give vove Foundati		ss)		d. STREET A	DDRESS			3			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	First Mary Syl	pell	Middle		Kinglas		4. DATE OF DEATH	Jan	th	28	1	Yeor 6 ¹
Female	White	MARRIED [NEVER MARRIED DIVORCED	1 .	-2-80	1	9	lost birthdoy) 80 yrs.	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS Min.
during most of w	TION (Give kind of work done orking life, even if retired) wife	10b. KIND	OF BUSINESS OR IN	DUSTRY	11. BIRTHPL	ACE (Stote o	or fareign cou	entry)		ZEN OF		OUNTRY
3. FATHER'S NAME				14	. MOTHER'S	MAIDEN N	AME					
Nicho					Id	a War	rfield					
5. WAS DECEASED E	VER IN U. S. ARMED FORCES I (If yes, give war or dates of service		AL SECURITY NO.	INFO	RMANT			Add	ess			
140			None	GL	enwood	D. Ki	ing	Damascu	s. Md			
20g. ACCIDENT	immediate DUE TO t. (c) OTHER SIGNIFICANT CONDITI		EIBUTING TO DEATH &						EN IN PAR	T 1(o) 1	PERFO	AUTOPS RMED? NO
20c. TIME OF INJ Hour o. m	FY MEDICAL EXAMINER) URY Month, Doy, Year	20d. INJURY While	OCCURRED 20e.		OF INJURY (I		20f. (City o	or town)	(0	County)		(Stote
p. m	10	ot work					, -		- 11	112		
alive an	that I attended the de	eceased fr 19 41	am. 1 0 11	5 oth oc m.d.	curred at			he causes an				
PHYSICIAN'S NAME (Type)	James P. Kerr	r				Dama	ascus,	Md.				
220. BURIAL, CREMAT REMOVAL (Speci	fy)	22c.	NAME OF CEMETERY	OR CR	EMATORY	-	-	ON (City, town,			(Stot	e)
Burial 3. FUNERAL DIRECTO	1-30-61		Dama scus ADDRESS			O.L. DECIT		ASCUS, M	aryl a	CNATU	DE	
J. INVERAL DIRECTO	9203		Laytonsvil	10.	Md.		2 '61		LUN 8 9			
manco)	L. W. VIEULUL	1	-ah compatt	Tee	1100	DATEEB	<u> </u>	Cirl	w/ D. 7	CLOULA		

*e C of tomoduce in a superior was the second cold, wence are a conaj. The state of the party of the state of the s handle get a Cheepters of the and the property of Legistering Lea. و المالي المالي

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

nnoch

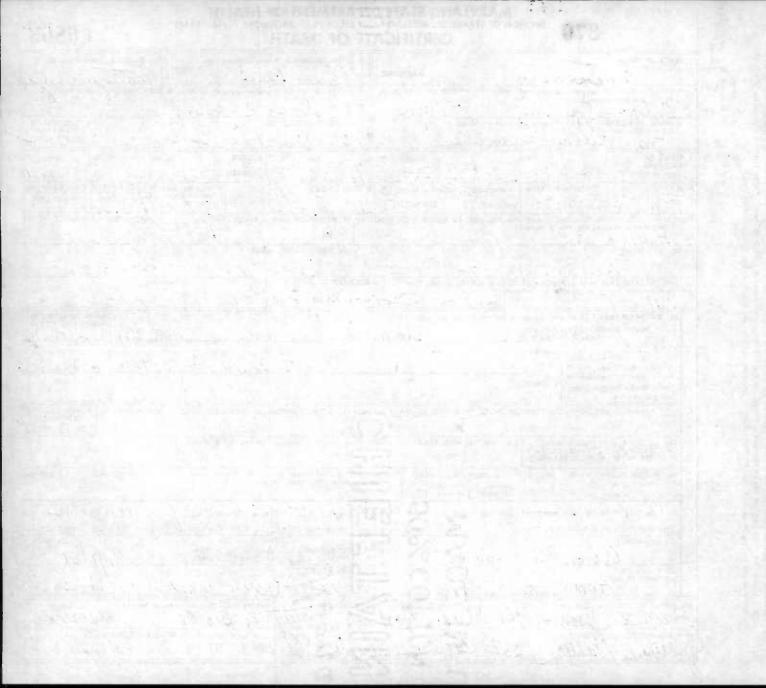
010	CERTIFICATE	OF DEATH		66863
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND 2.	USUAL RESIDENCE (Where decease o. STATE	d lived. If institution: Residence b. COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limit), write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	prote limits, write RURAL and giv	red nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION CLEARE QUA	et oddress)	d. STREET ADDRESS	arenne	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ELIZABETH	Last 4. DATE OF OF DEATH	Ugrivary	Day Yeor / 196/
	RRIED NEVER MARRIED 8. D.	15/23	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life_even if retired)	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of May 1) and May 1	ountry) 12.CIT(Z)	USA
13. FATHER'S NAME Whithey	Walter	Beatri	ce Wea	ver
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. INFOR	tney Walter	Address Same	*
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (0), (b), and (c).] Dehyo	Cration & Ma	Inutrition	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-	Cance	v of Ovary	x Metastases	6 month
Iying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO Z
4-0	ESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Port I or Por	rt 11 of item 18.)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Hour o. m. Whi	feeten	OF INJURY (Home, farm, street, office bldg., etc.)	y or town) (Co	ounty) (Stote
21. I certify that (I) (this hospital) atte saw the deceased alive on 2 30		To DE V 10. 1960, tas h accurred at 212M, fram		, that (I) (we) las
220. SIGNATURE alimin a,	airo M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	226. DATE SIGNE
22c. PHYSICIAN'S NAME (Type) Armon A.	Carro	George town	Univ. Hosp.	, Wash. D.
230, BURIAL, CREMATION, 236. DATE THEREOF	235. NAME OF CEMETERY OR CR GLEBRE Wasking	EMATORY 234-JOCA	JION (City, town, or county)	Manyland
24. FUNERAL DIRECTOR'S STONATURE	F Carryll DI Was	DATE JAN 4	161 25b. REGISTRAR'S SIGN	Kraud

may be revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cappletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon-pages. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be execu TO HOSPITAL C VR A15 (4) 15M 9/59

death. Page 4

ed within 24 haurs



IS RESIDENCE

ON A FARM?

YES NO

Year

1960

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

YES NO

(Stote)

DATE SIGNED

(County)

246. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

Reg. Dist. No

Months

ADDRESS

e cample pup 6 physicie attending p signed certificate FUNERAL DIRECTOR:

10 VS A15 (4) 1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE

And the second of the second o Frank do the second from a strong a second The feet of a second Para la table sa table sa la Dia caras Anna 1997 A Section and was a secure of CARLIBERT TO THE BRIDERS How Ker of - Les Savaron M. Lines D. July 1 Taylor Contract the second of the second of the second The state of the s

TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH SPINISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

-	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe			before admission)
15	Montgomen	MARYLAND	o. SIAIE MARYLAI	ND G	COUNTY MONT	GOMERY
1000	b. CITY OR TOWN (If outside corporate limits, write c RURAL and give nearest town)	LENGTH OF STAY IN 16	C. CITY OR TOWN (IF OU SILVER S		its, write RURAL and giv	re nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street add	dress)	A STREET ADDRESS 8	O1 GRACE	CHURCH ROAL	e. IS RESIDENCE ON A FARM?
9	RESMON Hospital and Sawita	BIUM	5 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KENKKRXX	KAKAKR	YES NO NO
	3. NAME OF DECEASED (Type or print) MANA FIRM	Middle Middle	Last	4. DATE OF DEATH	Month	Day Year 23 196/
	S. SEX 6. COLOR OR RACE 7. MARRIED	D NEVER MAKRIED	B. DATE OF BIRTH	9. AG		YEAR IF UNDER 24 HRS.
	Femane WHITE WIDOWED	DIVORCED [Jan. 30 - 18	77 8	yrs.	ays Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b. KII during most of working life, even if retired)		TRY 11. BIRTHPLACE (Stote o	r foreign country)		S.A.
	House wife	OWN HOME			sylvania	/ .U
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME /		
h	FRANK 5. SIEHIE		Many M	ally 48	LENI	NEY
P	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO		FORMANT /		ddress	
	NO	NONE M	rs. Frank C. N			ok Lane
	1B. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).]	n	Bethe	esda, Md.	INTERVAL BETWEEN ONSET, AND DEATH
۱	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	arline	decompe	marles"	7	4-500
Я	450 A DUE TO	-				7
	Conditions, if ony, which) (b)	erlessoon	lerosca			
	gove rise to immediate Couse (a), stating the under-					
	lying couse lost. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CON	DITION GIVEN IN PART	(o) 19. WAS AUTOPSY PERFORMED?
	CATI					YES NO
3	PART II. OTHER SIGNIFICANT CONDITIONS COL	IBE HOW INJURY OCCURRED	D. (Enter noture of injury in Po	ort I or Port II of i	tem 1B.)	
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJU	URY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or tow	rn) (Co	unty) (Stote)
	20c. TIME OF INJURY Month, Doy, Year While of work	IAOI MUIIE	tory, street, office bldg., etc.)			
b	21. I certify that (I) (this haspital) attended			39-23	10-11 196	(that (I) (we) last
۱	23 23 21		eath accurred at/0/1	1.10 ~	1	. , ,
	220. SIGNATURE	/ 17_6_/, and that a	earn accurred all of 1	M, from the c	auses and an me	22b. DATE
	William D Cin	1	M.D. ATTENDING MET	D. STA	FF C	1'/3 SIGNED
H	22c. PHYSICIAN'S		22d. ADDRESS	ECIOR - PHI	3. [_]	1-2/66
	NAME (Type) WILLIAM D. AUD		9006 Coles	ville Ro	ad, Silver	Spring, Md.
	23g. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	PCPEMATORY	23d LOCATION (City, town, or county)	(Stote)
	DEMONAL (Secrita)	GLENWOOD CEMET			NGTON, D.C.	
	24. FUNERAL DIRECTOR'S SIGNATURE LINC	ADDRESS STI VED SDD IN	250. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S SIGN	NATURE
Ŋ	Raymond a Biska	SILVER SPRIN	DATE JA	N 2 6 '61	arthur &	& Craus

almylyn mi atherican THE PROPERTY OF THE PARTY OF TH THE STREET STREET , , ,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after a death. Page 4 may be retained by the hospital or attending physician. Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral finector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06

873 CERTIFICATE OF DEATH

a. COUNTY					Institution: Kesidence before edmission)
1.4	A = 0./	MARYLAND	e. STATE	b. COUN	
b. CITY OR TOWN (if outs	ide corporate limits	c. LENGTH OF STAY IN 16	CITY OF TOWN	outside corporate limits write	RURAL end give neerest town)
write RURAL end give	nearest town)	4	. /	, , , , , , , , , , , , , , , , , , , ,	110 1-2
Takoma Par	ek	2 days	Hya	ttsville	1422
	R INSTITUTION (if not in hos	spitel, give street eddress)	d. STREET ADDRESS	. 4	. IS RESIDENCE
1111-	5	6 111 -1	0221	with a	ON A FARM?
WashiNG-los	JANILARIL	in ad Hospilal	8236	14 -1406	
3. NAME OF DECEASED	First	Middl€	Last	4. DATE Month	Day Year
(Typa or print)	lasast	6000.1	LANdrey	DEATH /	15 1961
5. SEX 6. 0	COLOR OR RACE 7 MADDIE	D NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers	
100	/			last birthday)	Months Days Hours Min.
	WIDOWE	DIVORCED	4-14-8	7 73 yrs.	
10a. USUAL OCCUPATION (done during most of working	Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1 00 - / -	ille, even it relifed)		0		17
13. FATHER'S NAME				14	4mer_
D. TATTLES HAME			14. MOTHER'S MAIDEN	NAME	
/ Keuben	LANDMA	W	LINKA	JOWN MEL	AMID
15. WAS DECEASED EVER IN		SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Yes, no, or unkown) (Ifyesg	ive wer or detes of service)		11 -	. 7	
IVO			1705p11 A	+1 recor	ds
	H [Enter only one couse per l	line for (a), (b), and (c).]	. 1		ONSET AND DEATH
PART I. DEATH WA	DIATE CAUSE (e)	Umorna, &	ermenel		24/2.
			A	1	
1 5 26 X	DUE TO 13	- I ach		1 1 .	10:15 1100
Conditions, if any wh	ich (b)	merres (unes	1 constant	Mouernes	10 13 4/2
geve rise to immadiate co	DITE TO				
couse lest.					
	VIEICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY
9	The state of the s	-1-11	The second	1 007	PERFORMED?
131 100000	ic cerebra a	can discuse	1) 2046	coffen wellige	AND YES NO 19-
PART II. OTHER SIGH 200. ACCIDENT WAS U OR CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTING	NDERLYING 206. DES	CRIBE HOW INJURY OCCURED	(Enter nature of Impury in	Part Yor Pert II of item (8.)	
OR CONTRIBUTING C					
					(5)
20c. TIME OF INJURY	Month, Dey, Yeer 20d. While		CE Of INJURY (Home, farm org, street, office bldg., etc.		(County) (Stete)
Hour a.m.	19 et wor				- /
	(I) (this hospital) attor	dod the described from	16 Uni 12-)	10 0 10 11	19 (0) that (1) (we) last
	1116	ded the deceased from	1 1 2/ 2	13	
saw the deceased a	slive onp.	19.la.l., and that	death occured at	ري.M, from the causes	and on the date stated above,
22a. SIGNATURE	1		ATTENDING ,	MED STAFF	22b. DATE S/GNED
11/0/	me/ fufl	M.		DIRECTOR PHYS.	1-15-61
22c. PHYSICIAN'S			22d. ADDRESS 1	IID SPRING	SIKEES
NAME (Type)	ASON (TE	EIGER, M.D.		a harrila	- 1100
					PRIMB, MY
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY	OR-CREMATORY	23d. LOCATION (City, to	wn or county) (State)
BURIAL	1-16-61	OHEV SHOLOM-1	ALMUD TORAH	CEM. WASH	LINGTON. D.C.
24 FUNERAL DIRECTOR'S SI		ADDRESS		D BY REGISTRAR 256, REG	
Bernard Dar	zansky + Jul	15-3501-1413	STAW DATE	JAN 1 7 '61	arthur S. Krous

SUMBARA SERVICE and the second Street The Kill Contraction and Street State Street Street Bearing Sansans of Jones and Charles and the Committee of the Committee of

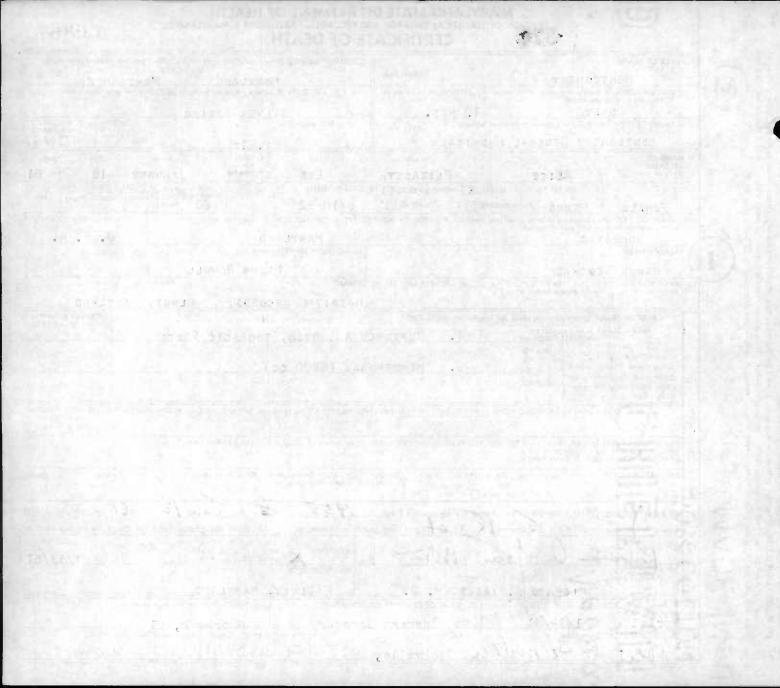
TO HOSPITAL C

VR A1S (4) 15M 9/S9

DIVISI	(
X72	

MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH			MARYL		a. STATE			b. 0	instituti OUNTY	an: Reside	nce befa	re admiss	sian)
	ONTGOMERY N (If autside carporate lim	its, write	c. LENGTH OF STAY I		c. CITY OR TO		ARYLAN			MONTO URAL and			n)
RURAL and giv	e nearest tawn) OLNEY		10		X								
d. NAME OF HO	SPITAL (If not in haspital,	give street a	10 HRS .		d. STREET AD		LVER	PRIN	G			e. IS RES	IDENCE
OR INSTITUTION	on Somery Gener	AL Hos	PITAL		1	D	T 1						FARM?
3. NAME OF		rst	Middle		Last		4. DATE		Man	th	Do	ıv	Year
(Type ar print)	ALICE		ELIZABI	ЕТН	LEE	E	OF DEATH		JANI	JARY	18		19 61
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	D B.	DATE OF BIRTH			9. AGE (n years			1	ER 24 HRS.
FEMALE	NEGRO	WIDOWE	DIVORCED		8/10/93	2		68	rthday) yrs.	Manths	Days	Haurs	Min.
10a. USUAL OCCUP	ATION (Give kind of work	dane 10b. K	CIND OF BUSINESS OF	RINDUSTR	Y 11. BIRTHPLA	CE (State	ar foreign c	country)		12.CI	TIZEN OF	WHAT	COUNTRY
	warking`life, even if retired IESTIC	2)			MAI	RYLAN	I D				U.	S. A	١.
13. FATHER'S NAME			V-14990		14. MOTHER'S A								
BAKER	SEDGWICK					LA	AURA P	OWELL					
	EVER IN U. S. ARMED FO		OCIAL SECURITY NO.	17. INFO	RMANT			14.11	Add	ress		-	
(1-5), NO, OI UNKNOWN)	(If yes, give wor or dates of	service)			HOSPITAL	REC	CORDS.	(LNE	Y. MA	RYLA	ND	
1B. CAUSE OF	DEATH [Enter anly one of	ause per line	e far (a), (b), and (c).}					(C) 1-31			INTI	ERVAL BE	
	DEATH WAS CAUSED BY:				ANENDY						ONS	SET AND	DEATH
1 1 100	IMMEDIATE CAUSE (T. KUP	TUREL	ANEURY	SM,	IHURAL	IL A	ORIA		-+-		
45	/ X DUE TO	3				_							
	if any, which a immediate (b)	2. HEM	OTHOR	RAX (600	0 00					-		
cause (a), stat		0											
lying cause I	ost.	c)											
PART II.	OTHER SIGNIFICANT CON	NDITIONS CO	ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THE TERMI	INAL DISEAS	E CONDIT	ION GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY DRMED?
2													NO 🗌
20a. ACCIDENT OR CONTRIBUT	WAS UNDERLYING [] ING [] CAUSE OF DEATH (IFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (Enter nature af	injury in I	Part I ar Par	t II af iten	n 18.)				
	JURY Manth, Day, Ye	ear 20d. IN			OF INJURY (H			y ar tawn)	Test Vi		(Caunty)		(State
Haur a.	m. m. 19	While at wark	Nat while	ractar	y, street, affice l	olag., etc	•)	1					
Λ.		I Vattanda	addto decessed	6-0-	1955	10	to 10	Jan	18	10(1 14	net (1) /	(see) Inc
/ /	that (1) (this haspite eased alive an	(man)	1 1. 1		th annumend		AA fram	the en				, , ,	(we) las
22a. SIGNATUR		1	, and	rnar aec	th accurred	d1	.IVI, Tram	The Cau	ises an	a an in	e date		b. DATE
1		1000	MD	M.I.	ATTENDING	OKT MI	ED.	STAFF PHYS.				1/1	SIGNED
22c. PHYSICIAN		1 accor	7761.		22d. ADDRES		RECTOR L	11113.				-1/	10/01
NAME (Typ		la va	TEC M D		0	LNEV	Many	LAND					
23a. BURIAL, CREMA	RICHARD ATION, 23b. DATE THERE		TES, M. D.	TERY OR C		LNCI	23d. LOCA			ar county)		(Sta	ta)
REMOVAL (Spe	cify)											(310	/
Purial 24. FUNERAL DIRECT		7	ADDRESS	int_Ca	emetery	2Sq. REC'	D BY REGIS	orbec		STRAR'S S	IGNATU	RE	
4/21-	LP Jun	-10.					JAN 2 6			withun			
Joyus	Di Tul	ruce	Rockvi]	Llen	d	DATE	MAIN & U	01	-	muni	A. 10	LAMEN	II I'T



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

							-			
1. PLACE OF DEATH o. COUNTY MO	ntgomery		MARYLAND	2. USUAL RE o. STATE		rland	lived. If instituti b. COUNTY		before admi	
b. CITY OR TOWN RURAL ond give to Bethes		, write	c. LENGTH OF STAY IN 16	126	R TOWN (If o		ote limits, write F	URAL ond giv	ve nearest tow	rn)
	ITAL (If not in hospital, gi			d. STREET	ADDRESS		•		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ROBEI		E • Middle	LEE	Last	4. DATE OF DEATH	Jan.		Day	Yeor 19 61
s. sex Male	TTL - A- a	7. MARRI	DIVORCED	Sept.		1900	9. AGE (In years last birthdoy) 60 yrs.		YEAR IF UND Days Hours	T .
100. USUAL OCCUPATI during, most of wo Retired	ION (Give kind of work d rking life, even if retired)		KIND OF BUSINESS OR INDI		irfax			12.CITIZ	S. A	
13. FATHER'S NAME	mas Tas			14. MOTHE	R'S MAIDEN N	IAME	Ca	rump		
	ER IN U. S. ARMED FORCE (If yes, give war or dates of see	vice)		INFORMANT Sara E	. Wife	2	Add	lress	em #2	2
Conditions, if gove rise to couse (o), storing lying couse lost PART II. OT	the under-	OITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED	Rear TO THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART	3 4 1(o) 19. WAS PERF YES I	ORMED?
OR CONTRIBUTING	/AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter noture	e of injury in I	Port I or Port	II of item 1B.)			
20c. TIME OF INJU Hour o. m. p. m.	10	While		LACE OF INJUR octory, street, of			or town)	(Co	ounty)	(Stote)
saw the decec 220. SIGNATURE		ottend 12/6 A COA	and a mai	M.D. ATTEND PHYS.	ING MI	ED. RECTOR	the causes and staff Phys. Ty Ave.	nd an the	-13-6]	d abave. 2b. DATE SIGNED
23a. BURIAL, CREMATII CREMOVAL (Specify Crematio			23c. NAME OF CEMETERY Cedar Hill				ion (City, town,			ote) Id.
24. FUNERAL DIRECTOR ROBER	DOMES A 2 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	HREY	Bethesda,	Md.	25a. REC'	D BY REGISTE		ISTRAR'S SIGI		

STEDNORTH OF and the state of the state of LIEU-EU-J THE TOTAL SINGE THE SHEET OF A STATE OF A ST . of the state and the violent state of the

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
I A RYI A NID	STATE	DEPARTMENT	OF	HEALTH_RALTIMODE	19
INK I PULL	JIMIL	DELAKIMENT	VI	HEALIH-BALIMORE,	10

CERT	IEIC	ATE	OF	DEA	VIII.
CERI			UL	UEF	٧ПП

		876	CERTIFIC	ATE OF DEAT		Reg. Dist. No	. 00003
A.		county Montgomery	7 MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If inst		pre admission)
-		RURAL and give nearest town)	20 yrs	c. CITY OR TOWN (IF	outside corporate limits, wri	te RURAL and give no	earest town)
,		d. NAME OF HOSPITAL (If not/in hospital, give street oddres OR INSTITUTION 919 Gist Avenue	is) //	d. STREET ADDRESS	est as	be 1	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF First DECEASED Type or print) Annie	Middle Inda	Lost	4. DATE OF DEATH	Month D an. S	Pay Year 1961
i	5. 5	benale White WIDOWED 1	DIVORCED	Opril 6x			R IF UNDER 24 HRS. Hours Min.
\			of Business or Indi	Wash	nglon D.	C 2 91	S a
)	father's Name & Mr	een	Cathe	Rine 1	Taly	
7	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA no. or unknown) (If yes, give wor or dates of service)		Doughte		Address	
		1B. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(0), (b), and (c).]	ve Heart	Failme		TERVAL BETWEEN USET AND DEATH MONTH
		Conditions, if any, which gove rise to immediate	perter	sine Hea	ut Dise	ense 6	month
	7	lying couse lost. DUE TO (c) (c)	rdiac	Hyper	troply		yr
	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	etro		/		PERFORMED? YES NO
7	AL CERTIFI	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ED, (Enter noture of injury in			
	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY While of work 0	Not while	LACE OF INJURY (Home, farroctory, street, office bldg., et	n, i 20f. (City or town) c.))	(County	(Stote)
		21. I certify that I attended the deceased fr alive an 1961		4 , 19 <u>60</u> , to 1960 h accurred at 7.30	PM, fram the cause	,that I last s es and an the do	saw the deceased ate stated above.
1		ACTUAL SIGNATURE Of Milys E	Jones	M.D. 9/8	ADDRESS (Street, city or to		ve/3/6/
-	-	PHYSICIAN'S Phillip E-C	Jone	35 Silve	r Spr	ng m	1
		BURIAL 1/7/61 G	NAME OF CEMETERY OF	EN CEMETERY		COUNTY, M	
-	23.		ADDRESS SILVER SPRI	NG. MD.		EGISTRAR'S SIGNATU	

	CERTIFICA
	Con 1914
	PARTY NO SOUND
	The second secon
	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN
THE ALL CONTRACTORS AS	
	most beautiful affiliation (%) and spile affiliation (%) and spile affiliation (%) and spile affiliation (%) and spile affiliation (%).
The state of the s	
	CONTROL THE CONTROL OF THE CONTROL O

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND FOR STATE **EXAMINER'S** CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY director. Pagron your files. MARYLAND c. LENGTH OF STAY IN 1b for your 0 Board a. IS RESIDENCE iould be executed within 24 hours after death. If any deletin pencil in Item 18, Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained for burial-transit permit, File pages 1 and 2 with the State Bomoval, and In any eyent will yet 72 hours after death. ON A FARM? YES NO DECEASED OF (Type or print) DEATH 19 61 RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Deys DIVORCED KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN cause par lina for (a), (b), and (c).] I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) sudden DUE TO removal certificate should Conditions, if any, which (b) gava risa to immediate causa "pending" ro DUE TO 98 (a), stating the undarlying Examiner causa last. (c) cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Peq should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO K 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Pert II of itam 18.) PRIMARY Or CONTRIBUTING burial, CAUSE OF DEATH. MEDICAL 20e, PLACE OF INJURY (Homa, farm,) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20f. (City or town) (Stata) factory, streat, offica bldg., atc.) 0 While Not Whila at work al work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, Undetermined manner death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY **EXAMINER'S** NAME (Typa) Addrass (Streat, city, fown, or county) CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) 0 40 0 D. C'D BY REGISTRAT | 246. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

- Werner Hotel and State of the second 17.10 months on 19.15 D. J.A. Makers, St. 18 and J. A. S. C. Yrak smaket XIII - III BUQ - newsialar pike ACCEPT AND INDEED The Time of the King of the Parkers 11-2 - 19-19-10 76 Male Whate malamana D.C. Margardani Chest West Works DISCOUNT OF ME Ender Lines HEUISE DE LINKINSE

VS A15 (4) 1SM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		878		CERTI	FICA	E OF DEA	TH		Reg. Dist.	No. (() 87 §
1.	PLACE OF DEATH o. COUNTY Mon	1 tom	en	MARY	11	O. STATE	(Where decease	ed lived. If institution b. COUN'		before admission)
	b. CITY OR TOWN (If outside RURAL and give nearest to PN5/N	wn)	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	Ing for	orate limits, write	RURAL ond give	nearest town)
	d. NAME OF HOSPITAL (IF TO OR INSTITUTION	ot in hospital, give	re street ad	(dress)		d. STREET ADDRESS	ensing	ston 1	Phus 1	IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	orge finst	F	Middle		15/	4. DATE OF DEATH	1	onth /	Doy Year
5.	SEX M 6. CO	111	7. MARRIE	D NEVER MARRIE		DATE OF BIRTH	1869	9. AGE (In year last birthday	Months Do	YEAR IF UNDER 24 HRS
	a. USUAL OCCUPATION (Give during most of working life. RETIRED	kind of work do even if retired)		BARBER (R INDUSTR	Or.	+10	country)		OF WHAT COUNTY
	FATHER'S NAME						NAME	TOWN	- ELIZABE	TH REINST
	WAS DECEASED EVER IN U.	S. ARMED FORC war or dates of ser	1. 1	7-22-29		COR H	M. KA	USTAD,	idress KENS	SINGTON,
	18. CAUSE OF DEATH [En		se per line	for (o), (b), and (c).		insoft	rcience			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, whi			Artonio	scle	notic .	hen	1 0	15000	
	gove rise to immedia couse (o), stating the <u>under</u> lying couse lost.	te Due TO	6	PHOROLI	izar	1 orto	riosc i	Perosi		
CERTIFICATION	PART II. OTHER SIGN	NIFICANT COND	ITIONS CO	NTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE TE	RMINAL DISEA	SE CONDITION O	IVEN IN PART 1(PERFORMED?
	20g. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	ISE OF DEATH	ROB. DESCR	None	CCURRED.	Enter nature of injury	in Port 1 ar Po	rt It of item 18.)		
MEDICAL	20c. TIME OF INJURY Month	th, Doy, Year	20d. INJ While at work [URY OCCURRED Not while at work	20e. PLAC factor	E OF INJURY (Home, 1 ry, street, affice bldg.,	arm, 20f. (Cit etc.)	y or town)	(Cou	nty) (State
	21. I certify that I at	Itended the	deceased	,	12/1		,			t saw the deceas
	ACTUAL SIGNATURE	131	low	alex.	dediii d	8808		Street, city or low		DATE SIGN
	PHYSICIAMS NAME (Type)	W B.	01	MHAU	M.I	Cherry	Chas	0 15	M	

270. BURIAL, CREMATION, REMOVAL, (Specify) Cremation 22b. DATE THEREOF 1/4/61

Robert A. Pumphrey

22c. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory 22d. LOCATION (City, tawn, or county) Suitland, Maryland

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Bethesda, Maryland 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Orithury S. Thomas

The second gue	NT AND TO ST		78
	A CONTRACTOR	Call of the section of the	
			The state of the s
			NAME OF THE PARTY
			onthern cook to him a country neutron and in a
	Mark Mark Colons III		
			A STATE OF THE PARTY OF THE PAR
	A - The same		ing to 30 Addition of \$100 chief \$100 configured to the state of the s
	AP 1		
han bern Ban 191			
ED TO THE PARTY OF	THE REAL PROPERTY.		A HARMAN A MANAGER

STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** OF DEATH 2-2-01 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) I director. Page for your files. e. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give peerest town) for your write RURAL and give rearest town) Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? 600 YES NO 3. NAME OF Middle Dey Yeer DECEASED (Type or print) DEATH 19 6 years | IF UNDER 1 YEAR 8. DATE OF BIRTH 9. AGE MT IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birindey) Months Devs Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) HATHER'S NAME 14. MOTHER'S MAIDEN NAME Ralph B. Lockwood Florence Johnston 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yes give wer or dates of service) Office along with No None This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if eny, which (b) gava rise to immediata causa "pending" 10 DUE TO (e), steting the underlying 98 Medical Examiner 6 cause lest. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 200 ease execute the certificate, writing the word NO S pinous DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of item 18,) 20e. EXTERNAL CAUSE WAS Page 3 PRIMARY OF CONTRIBUTING EXAMINER: CAUSE OF DEATH. should be forwarded to the Chief 20d. INJURY OCCURRED | 20d. PLACE OF INJURY (Homa, form, 20f. (City or fow 20c. TIME OF INJURY Month, Day, Year (County) (Sfate) factory, street, office bldg., atc.) While Now Whila at work minto 19 6 prior 12:05 p.m. FUNERAL DIRECTOR: Inspection 🔂 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry A and in my opinion MEDICAL agent, Suicide X Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stela) REMOVAL (Specify) Q40 6 0 Burial REC'D BY REGISTRANS OF 23. FUNERAL DIRECTOR VS. A15ME Bethesda, Maryland DATE AN 23'61 Robert A. Pumphrey ailus S. Krassa 5M 7/59

Florence Johnston Lalph B. Lockwood Burish 1/21/61 Aslineron Net. Com. Auticaton, Miretainia Robert A. Pumpincy Betheadn, Maryland ... Markett Co.

FOR STATE HEALTH DEPT.

necessary, O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any death please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your five.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the Filth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. Not)

H	HOH
VS.	A15ME
5M	7/59

Item 18 Film 281 2-2 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 66873 ROOMEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. STATE b. COUNTY						
MONTGOLERY MARY							
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STA write RURAL end give nearest town)	Y IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give hearest town)						
BETHESDA	ROCKVILLE 33						
NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street edder							
Suburben	12020 Larkin Place YES NO						
3. NAME OF FIRST Middle	Lasi 4. DATE Month Dev Year						
(Type or print) XXXXXXXXXXXXXXXXX	DEATH 1/26/ 19 61						
5. SEX 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
WIDOWED TO DIVORCE	Months Devs Hours Min.						
remare will be	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
done during most of working life, even if retired)	The sixth si						
Housewife	Calif. U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
T. h., C486	F3 D						
John Stauffer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	Eleanor Rees						
(Yes, no, or unkown) (If yes give we ror detes of service)							
No	Husband (Charles Lokey)						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myoca	ardial insufficiency sudden						
422, 2 DUE TO							
Conditions, if any, which \ (b) Myocarditis							
geve rise to immediate cause							
(a), steting the underlying DUE TO							
causa last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED?						
Colla	apsed while shoveling snow YES NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH COlla 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206. DESCRIBE HOW INJURY OF CONTRIBUTIONS 206. DESCRIBE HOW INJURY OF CONTRIBUTIONS	CURED. (Enter neture of injury In Pert I or Pert II of item 18.)						
	20e, PLACE OF INJURY (Home, ferm, ' 20f, (City or town) (County) (State)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While at work at work at work	20e. PLACE OF INJURY (Home, ferm, '20f. (City or town) (County) (State) factory, street, office bldg., atc.)						
p.m. 19 at work at work							
21. I certify that I took charge of the remains described ab	ove, held an Autopsy X. Inspection . Inquiry . and in my opinion						
death resulted from: Natural causes , Accident ,	Suicide . Homicide . Undetermined manner						
Total							
N	CHIEF MEDICAL EXAMINER						
SIGNATURE Track A. Brose hast	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED						
	DEPUTY MEDICAL EXAMINER \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
examiner's NAME (Type) Frank J. Brichart	Address (Street, city, town, or county)						
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEM	ETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)						
REMOVAL (Specify) Burial 1/31/61 Arlington	National Arlington, Virginia						
73 FUNERAL DIRECTOR FUNERAL HOME ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE						
1331 E. Montgomery Avenue, Rockville,	Md. DATEJAN 30'61 Orthur S. Kraus						
The state of the s							

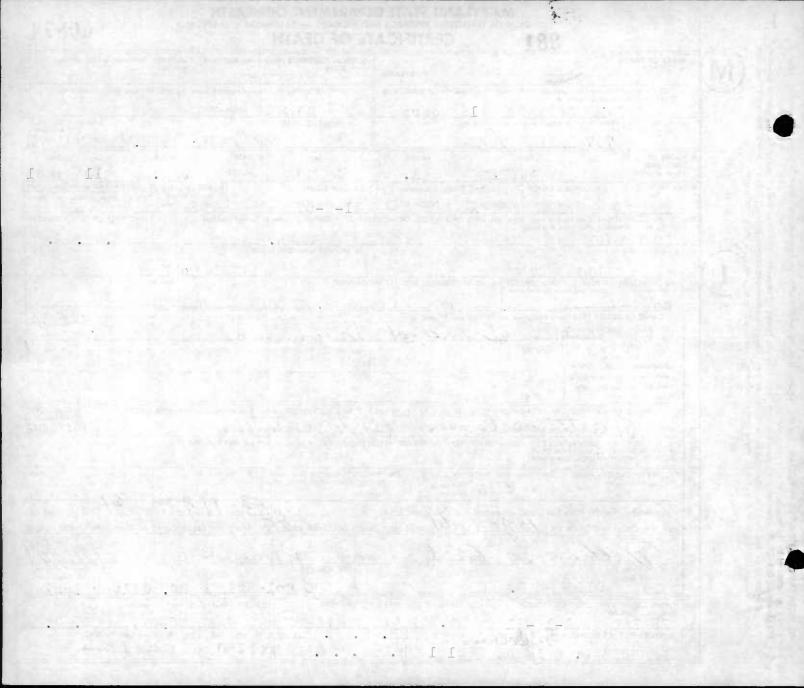
MINATED TO THE PROPERTY OF THE SECTION OF STANDING SCHOOL OF DESTREE 12/22 1933 -#2Keps mined morared and an arrangement of the contract of the (period colourid) briefall Trent . Steel . Trent

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

OO! CERTIFICA	
1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY MARYTANI)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS 6. IS RESIDENC ON A FARM
727 EASLEY STREET	727 EASLEY STREET YES NO
3. NAME OF First Middle DECEASED (Type or print) WINTERED S.	Last 4. DATE Month Day Yeor OF LYNCH JAN 11 19 6
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
FEMALE WHITE WIDOWED DIVORCED	lost birthday) Months Days Hours Mi
10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
HOUSEWIFE	PENNA. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM STUTHERS	ELLEN MC HALE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) [1] (If yes, give war or dates of service)	INFORMANT Address
	MARY C. LYNCH SAME AS # 2
18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burches	POSET AND DEAT
Conditians, if only, which gove rise to immediate couse (a), stating the underlying couse lost. (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOL PERFORMED YES NO.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY (1) CALCADO DELCOS CONTRIBUTING TO DEATH BY 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING COURT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I ar Port II of item 18.)
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stoctory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram	
	death accurred at AM, from the causes and an the date stated abo
William & and	ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS MARY LANI
WILLIAM D. AUD	1 9006 Colesville Rd. Silver Sprin
23g. BURIAL, CREMATION, REMOVAL (Specify) RIPETAT. 33b. DATE THEREOF 23c. NAME OF CEMETERY 1 1 1 3 6 1 Mt. OLIVE	OR CREMATORY 23d. LOCATION (City, town, ar county) (State)
24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS WASH.	D. C. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24. PUNERAL DIRECTOR'S SIGNATURE TO MORESS WITHOUT	230. KEC D BT KEGISTKAK 23D. KEGISTKAK 3 SIGNATURE



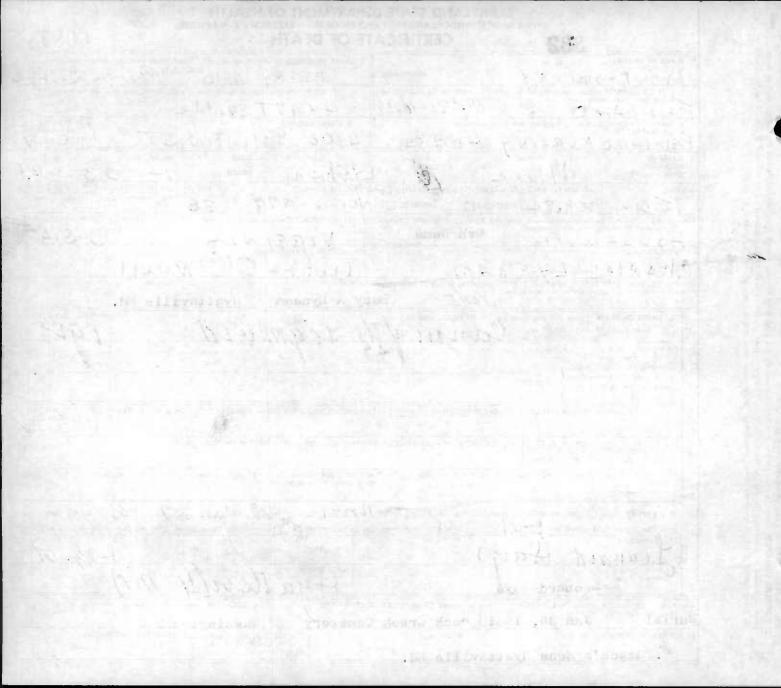
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

00875

1	CERTIFICATE OF DEA	0006
	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE o. STATE MARYLAND	E (Where deceased lived. If institution: Residence before admission) V
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A L A A A A A A A A A A A A A A A A A	N (If autside corporate limits, write RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION AIR JAN NURSING HOME 4106	GALLATIN ST G. IS RESIDENCE ON A FARM? YES NO DY
	3. NAME OF DECEASED (Type or print) A	4. DATE Month Day Year OF DEATH 1 - 23 1961
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH DIVORCED NOV-16-1	9. AGE (In years lost by hoday) Manths Days Haurs Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (during most of working life, even if retired) Own Home	(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME [NAR Les 4 M A M - 14., MOTHER'S MAIN	DEN NAME
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, no. or unity on) (If yes, give wor or dates of service) NONE Lucy A Lynha	am Hyattsville Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mode interval between onset and death
	Canditions, if ony, which (b)	
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of inju OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D
10		ary in Port I or Port II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year Haur a. m. 19 20d. INJURY OCCURRED While Not while of wark 19 at wark 19	e, farm, 20f. (City ar tawn) (County) (State)
	21. I certify that (I) (this haspital) attended the deceased from Nov-1 saw the deceased alive an 1-21 and that death accurred to	M, fram the causes and an the date stated abave.
	220. SIGNATURE M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. 1-23-0
	Leonard Hays 22d. ADDRESS	attsully. mn.
	Burial (Specify) Jan 26, 1961 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Jan 26, 1961	23d. LOCATION (City, town, or county) (Stote) Washington D C
	ω	1. REC'S AY REGISTRARY 256. REGISTRAR'S SIGNATURE
	Gasch's Sons Hyattsville Md. DAT	

TO HOSPITAL O VR A15 (4) 1SM 9/59



FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decorate please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Theelt, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00876

883	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission)
COUNTY	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give neerest town)	C. CITT OK TOWN (If outside corporate limits, write KOKAL and give neerest lown)
Bethesda 12 days	Washington
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS . IS RESIDENCE
	ON A FARM?
Suburban 3. NAME OF First Middle	4110 Fessenden St. N.W.
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) Florence P. Mac Donald	DEATH Jan. 12 19 61
	DATE OF BIRTH 9. AGE (fn years IF UNDER 1 YEAR IF UNDER 24 HRS.
	lest birthday) Months Days Hours Min.
Female White WIDOWED Y DIVORCED	Dec. 2 1891 69 yrs.
Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ope during most of working life, even if retired)	
Retired	Wash. D.C U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Carold Pinar	Minnie Duetch
	NFORMANT Address
(Yes, no, or unkown) (If yes give wer or detes of service)	
No Da	aughter Mrs. Allen Minnix Jr. (Same as Item 2)
18. CAUSE OF DEATH [Enter only ona cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Massive Subc	Hural Hemmorrhage
DUE TO	
Conditions, if any, which) (b) Pontine He	mannhaga
geverine to immediate cause	morriage
(a), stering the undarrying	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
E	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY IX or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (IE PRIMARY IX or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (IE)	nter neture of Injury in Part I or Part fl of item 18.)
PRIMARY X or CONTRIBUTING CAUSE OF DEATH.	
17 - 17 471	con st home
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ory, street, office bldg., atc.)
7 AP-NV: 1 10 81 et work at work	Home Wash D.C
21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident , Suici	ide . Homicide . Undetermined manner
X	
	CHIEF MEDICAL EXAMINER
SIGNATURE THEY	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
JIONATORE CONTRACTOR	DEPUTY MEDICAL EXAMINER
NAME (Type)	X 1.12.61
220. BURIAL, CREMATION, 225. DATE HERE Brochart NAME OF CEMPTERY OR	Address (Street, city, town, or county) CREMATORY 22d, LOCATION (City, town, or country) (State)
BEMOVAL (Specify)	(State)
Burna 1/16/61 fort some	In Cem Bladnoleura 10. mi.
23. FUNERAL DIRECTOR ADDRESS 540 3 2	240. REC'D BY REGISTRAR 24b. REGISTRAR SIGNATURE
16 h	the true
Cherry those Tum Home	24 SKDATEJAN 1 8 '61 arthur & Kraus

CHARLETCH TENTANTER CONTROL TO THE CART OF STANKED INGIES INGI 1,3,1 sense) Tell Church Con Man and Constitute Dall Same

MARYLAND STATE DEPAR

TM	ENT OF HEALTH-BA	LTIMORE, 1	8		
ICA	ATE OF DEATH		Reg. Dist. I	No.	00877
ND	2. USUAL RESIDENCE (Where decease a. STATE	b. COUNTY	11.	_	Idmission)
1ь	c. CITY OR TOWN (If outside corp	porate limits, write R	URAL ond give	nearest	town)
-	d. STREET ADDRESS	PARK	BETHE		S RESIDENCE
	1 STREET ADDRESS			1	ON A FARM?
A	KAVANAGA 4. DATE OF DEAT		in/	Day	/ Year 19 6/
2	B. DATE OF BIRTH May 20 / 907	9. AGE (Indears last birthday) 53 yrs.	Months Doy		OUTS Min.
INDUS	TRY 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN	I OF W	VHAT COUNTRY?
	Nova Scale	2	1 4	5	
	14. MOTHER 5 MAIDEN NAME				
17. 11	Releasous Hos	ner Res	ords		
in	1 Infantion			NTERV	AL BETWEEN AND DEATH
	Harombosis			2	Tour.
	anterroschin	osis		Ita	defermi
H BUT	NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIV	EN IN PART 1(d	P	WAS AUTOPSY PERFORMED?
URREI	O. (Enter nature of injury in Part I or Po	art II of item 18.)			
De. PL/	ACE OF INJURY (Hame, farm, 20f. (Citory, street, affice bldg., etc.)	ity ar town)	(Cour	ity)	(State)
, , ,	, sied, direct blug, the./	,			
	1960, to				the deceased
eatk		om the causes of (Street, city or town.		date	stated above. DATE SIGNED
	M.D. Portentl	e, and			1/5/6/
Co	R CREMATORY 22d. LOC Elege Cem 21	ATION (City, town,	or county)	1	(Stote)
	//		MOLDIC CICLLA	THIRE	

23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REQUETRAR'S SIGNATURE

DATE JAN 1

VS A15 (4) 15M 9/55

A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	STATE OF THE STATE
	to the second se
	WINDS AVER SEE
The state of the s	and the state of t
Fire in the Purpose of	
THE REPORT OF THE PARTY OF THE	and make the province substitute to be
the crafter state will apply the account of the 1 AV and a Tay to be come if the 1 AV	the A. P. Mark N. Later and the same
	2007 12-1-1 32-2

TO HOSPITAL O

VR A15 (4) 1SM 9/59

	885		CERTIF	ICATI	E OF DE	ATH			-11	61	1010
1. PLACE OF DEATH a. COUNTY Mo	ntgomery.		MARY		o. STATE	Md.	ere deceased	lived. If instituti b. COUNTY		nce before od ntgom	
	If outside corporate lime earest tawn) Spring	nits, write	c. LENGTH OF STAY				otside corpora Spring	ite limits, write F	RURAL and		
d. NAME OF HOSPIT OR INSTITUTION 2206 Hild	ral (If not in hospitol, arose Dri	2011	oddress)	4.	d. STREET ADD		arose	Drive	Ĭ	0	RESIDENCE N A FARM? NO 1
3. NAME OF DECEASED (Type or print)	Mila	-	Middle A •		Mares	ch	4. DATE OF DEATH	Jan	22,	Day	Year 1961
female female	6. COLOR OR RACE white	7. MARI	RIED MEVER MARRI		2/11/18	199	5	AGE (In years lost birthday) 61 yrs.	Manths Manths	Days Ho	
housewif	king life, even if retired	dane 10b. d)	KIND OF BUSINESS O		Dulut	h, M	inn.	intry)		J.S.A.	
3. FATHER'S NAME Frederi	ck C. Ehl	ling		1	14. MOTHER'S M		iame e Shat	ttuck			
15. WAS DECEASED EVE (Yes, no, or unknown)		RCES? 16.	social security no			ault		Add	lessS.S	S., Md.	ive
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (·, Car	ne for (o), (b), and (c).	lous	Pleur	al E	ffus	ion		INTERVA ONSET A	L BETWEEN AND DEATH
Canditians, if a gave rise ta i cause (a), stating	mmediate DUE TO	b) Ca	rcinomi etastasis	TO D	I Rig	lill	Bream	A E		54	ecus
Iying cause last.	HER SIGNIFICANT COR	c) NDITIONS (CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO T	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PA	PE	AS AUTOPSY REORMED?
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter nature af i	injury in l	Part I ar Port	II af item 18.)			
20c. TIME OF INJUI Hour a.m. p. m.	RY Manth, Day, Yo	While	NJURY OCCURRED Nat while at wark	20e. PLACI factor	OF INJURY (Ho y, street, affice b	ome, farm bldg., etc.	20f. (City	ar town)		(County)	(State
	ot (I) (this haspita		ded the deceased					he causes a			
22a. SIGNATURE	inte	aus	le	М.			ED.	STAFF PHYS.		Jan	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	WILLIAM	1 F	RANK, M	·D		0 7	AW. A	E, Md	MEA	1	VE
Burial CREMATIC	1/25/1	of L961	Fort Li	ncolr	Cemete	_	Prin		ges	Count	(Stole)
The S.H.		, 290	ol lighth S		1.7		AN 25		Istrar's s	S. Kraus	

Jergaria de Secto Effect of annihile day to relief youthout A const JONE, of the Residence

MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND** TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY. b. COUNTY by the b. CITY OR TOWN/if outside corporate limits, write RURAL and give recent town) MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b 2. Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) completely papers. NAME OF DATE Month DECEASED OF (Type or print) DEATH carbon AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE 7. MARRIED THEVER MARRIED and last birthdey) Months WIDOWED . DIVORCED physician remove 12. CITIZEN OF WHAT COUNTRY? FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2. affending pue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. (Yes, no for unkown) | (If yes give wer or dates of service) 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny which geve rise to Immediate causa DUE TO (e), stating the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY certificate as 0 2Da. ACCIDENT WAS UNDERLYING TO 2Db. DESCRIBE HOW INJURY OCCURED. (Entar neture Winjury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm,) 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Hour e.m. While Not While et work et work 4 may be retained. DIRECTOR: p.m. Eau an 22, 1961, that (1) (we) last 19.6.1, to 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased wive on.... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. death. Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed v BURIAL CREMATION, | 23b NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town REMOVAL (Spilicity) る時間 H REGISTRAR 256. REGISTRAR'S SIGNATURE 25e, REC'D BY VR A15 (4) arthur S. Thous

15M 9/60

. IS RESIDENCE

19601

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(County)

NO F

(Stete)

SIGNED

ON A FARM? YES NO D

Constant hornor hay an Constant de tende de la como Competent trent forture 1 - 12 of 1 EIND WEGI 918 divin Blok to will and Great state 一分成市(以上の子の下に) HEART SO STREET SO

나는 내는 그 나를 받았

A STATE OF THE STA

With the second the se

White is a property for any and an interest and an experience of

TO HOSPITAL C

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00881

		Montgomery	MARYLAND	2. USUAL RESIDENCE (Whe	and b. COUNT		
)	b	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 1b	47 Bethe	tside corporate limits, write	RURAL and give neare	st town)
	C	d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION 5308 Huntington Park		d. STREET ADDRESS 5308 H	untington I	Marie College 19	IS RESIDENCE ON A FARM? YES NO 🛣
		NAME OF PIRST PROPERTY OF CLARA	Middle L •	MAST	4. DATE MO OF DEATH JAT	onth Day	Yeor 19 61
	5. S	emale 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Dec. 2, 18	9. AGE (In year last birthday) 81 yrs	Months Days	Haurs Min.
	C	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hurch Organist FATHER'S NAME	Retired	Penna. 14. MOTHER'S MAIDEN NA		12. CITIZEN OF V	
		James Henry		Margaret		Idress	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 . no, or unknown)		L. Thomas		,Ridgefi	eld, Conn
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost. (c)	Viral Possible arthrion	Anyveard ellertie	leites list-infa Heart K	reten 1.	beur
)	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	exition	art I or Port II of item 18.)		WAS AUTOPSY PERFORMED? (ES NO NO
	MEDICAL	20c. TIME OF INJURY Month, Day, Year And While Property of two	e Not while fa	ACE OF INJURY (Home, farm, ictary, street, office bldg., etc.)		(County)	(Stote)
		21. I certify that (I) (this haspital) attensaw the deceased alive an 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Edward W. 1	1961, and that	ATTENDING MEI PHYS. DIR 22d. ADDRESS	D. STAFF ECTOR PHYS.	fair	(1) (wet last stated above. 22b. DATE SIGNED Md.
	C 24.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) remation 1-5-61 FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY	Cedar Hill ADDRESS Bethesda, M	Crematory 250. REC'D		or county) Orge Co., BISTRAR'S SIGNATURE Combung S. K	(Stote) Md.

			5 ·	
vistorina.			* The state of the	
			plant no reniamed 8058	
			usile White	
Elikan III	- 15 - 50 m 1		and the second second	
	The MEDITINES			
LENIERLIN. W	Total Comment.	Ar more		
2-161	contraction their	Yest		
7.3	ingo was his			
	-20 - 27 m		Just of the same	
- 10 5	10 x mg	13	THE PLANT	
1 L. 3 B	1 1	our for	who will	13
, ,	BED. SALT DET VO.		y II serving	
Jike Lay Gares	TOTATS Grant and	TIN TING	ia	

death. Page 4

(TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rockville,

CEPTIFICATE OF DEATH

1	15	0	C	0
- 6	6	0	0	2

	003	>	CLICITIO	AIL OI DEAI	•		Reg. Dist. No).	
1. PLACE OF DEATH o. COUNTY / Mor	tgomery		MARYLAND	2. USUAL RESIDENCE (Woo. STATE		lived. If institution b. COUNTY	on: Residence bef)
b. CITY OR TOWN RURAL ond give Rockvil		its, write c. LEN	NGTH OF STAY IN 16	c. CITY OR TOWN (IF			URAL ond give no	earest town)	
	ITAL (If not in hospital, o	give street oddress	5)	d. STREET ADDRESS	k Stre			e. IS RESIDE ON A FA	ARM?
B. NAME OF DECEASED (Type or print)	Donald	rst	Middle	Lost Mathers	4. DATE OF DEATH	Mon Jan.	-	ay Yea	61
s. SEX		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA		
Male	White	WIDOWED	DIVORCED	Sept. 5.10	943	lost birthdoy) 7 yrs.	Months Days	Hours	Min.
Oa. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b. KIND (OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stor	-	untry)		S.	JNTR
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Will	iam H. Ma	thers		Loui	ise He	dges			
S. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. SOCIAL	L SECURITY NO.	INFORMANT		-	ark St		
(Yes, no, or unknown)	(If yes, give war or dates of s	973-	-38-3778	William H.	Mathe		ckvill		
18. CAUSE OF DE	ATH [Enter only one co	use per line for to	o), (b), and (c),]	4	-	11	IN.	TERVAL BETW	/EEN
Conditions, if gove rise to couse (o), stating lying couse lost	immediate DUE TO		ream	2 9 1	THE	yem	ur	18 h	Lo
N N N N N N N N N N N N N N N N N N N	THER SIGNIFICANT CON		BUTING TO DEATH BU	T NOT RELATED TO THE TER/	MINAL DISEASE	CONDITION GIV	/EN IN PART 1(o)	19. WAS AU' PERFORM YES \[\] N	VED5
	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCCURR	ED. (Enter noture of injury in	Port 1 or Port	Il of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.		While _ N	OCCURRED 20e. P	LACE OF INJURY (Home, for portory, street, office bldg., e	m, 20f. (City	or town)	(County)	(Stot
21. I certify to	hat lattended the	deceased fre		, 190 /, to	Myfram t	/	that I last said on the dat		
ACTUAL SIGNATURE	15/11	unch	ny	(ADDRESS (Str	mery Av	stote)	ckvil	
PHYSICIAN'S NAME (Type)	W.S.Murph	IV		des des des des ses ses ses ses des des				Md.	
20. BURIAL, CREMATI REMOVAL (Specifi BUT 121			NAME OF CEMETERY OF PARKLAWN	OR CREMATORY		ION (City, town, o	or county) Maryla	(Stote) nd	
3. FUNERAL DIRECTO	R'S SIGNATURE	A	DDRESS	24a. REG	D BY REGISTE	RAR 24b. REGIS	STRAR'S SIGNATI	JRE	
Tyson W	heeler 13	31 E.Mc	ontgomery	Ave., DATEJ	N 6 '61	1 an	Chur & Kray	ed.	
			17		111			-	

moy be retained by the haspitol ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond campletely filled in by the funeral director, page 3 should be detoched for use as the burial-tronsit permit. Then please remave carbon popers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in ony event within 72 haurs after death. TO HOSPITAL O VS A1S (4) 1SM 9/58

HEADS TO TRACKING

THE RESERVE

to go to the second second

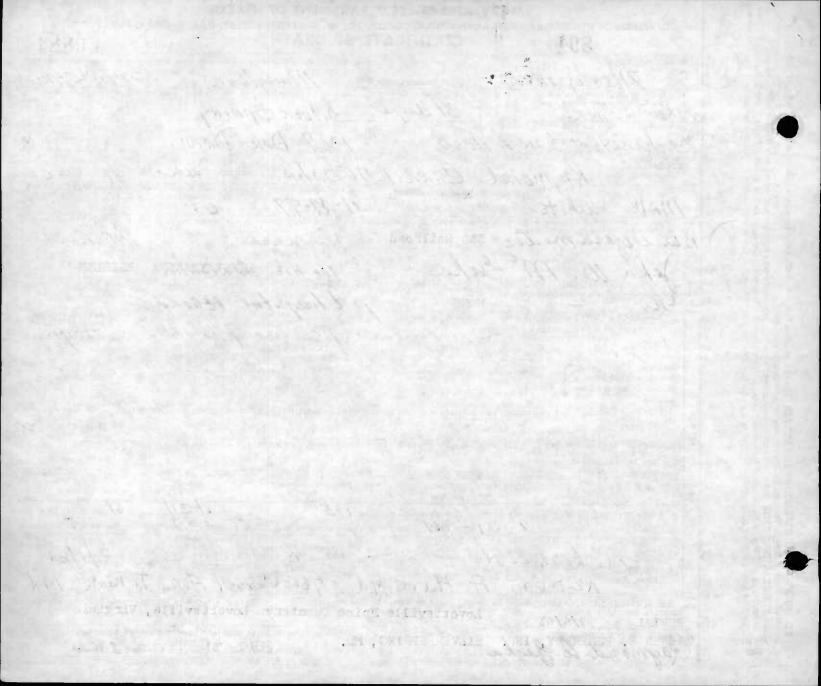
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	HTANG TO IT	CHKHRICAT	
	Ga dinaster ar but		
HERE WAS A STATE			
THE MARKET WAS			Zakaragi Brasilaga
	WT 382	A CORPUSE .	

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY L the d 2 MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give hearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and 5 .57 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) hours completely papers. Middle DECEASED OF (Type or print) DEATH carbon 5. SEX 6. COLOR/OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) and WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) during most of working life, even if ratires yard master FATHER'S NAME S MAIDEN NAME 13. 14. MOTHER please death ding 16. SOCIAL SECURITY NO. S DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unkown) | (Ifyes give war or dates of service) 0 18. CAUSE OF DEATH [Enter only one cause per line) for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying causa last 35 certific 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work

a. IS RESIDENCE ON A FARM? YES NO Year 19 61 IF UNDER 24 HRS. AIGE (In years | IF UNDER 1 YEAR Months 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 1120 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO V (County) (State) - 5 to ... / 19 3/- 196/ and that death occurred at 75.3 M, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURI ATTENDING SIGNED DIRECTOR PHYS. M.D. 22c. PHYSICIAN' 22d. ADDRESS Lovettsville, Virginia 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Union Cemetery REMOVAL (Specify) Lovettsville 2/4/6] BURIAL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SILVER SPRING, MD. arthur S. Firaus DATE

DIRECTOR: page with fi FUNERAL director, be filed 0 H VR A15 (4) 15M 9/60



d be filed with

death. Page 4 funeral director,

VR A15 (4) 15M 9/59

2051272XV6

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00885

a. COUNTY		MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If ins b. COU		befare admission)
b. CITY OR TOWN	(If autside carporate limits, writ	e c. LENGTH OF STAY IN 1b		outside corporate limits, wr	rite RURAL and give	nearest town)
RURAL ond give	/m - 1	30 days	Indian Head		08	x-2
d. NAME OF HOSP	ITAL (If not in hospital, give stre	12 days	d. STREET ADDRESS			e. IS RESIDENCE
OR INSTITUTION			Apt. 6L. Ri	ver View Vil	llage	ON A FARM? YES NO TO
3. NAME OF	val Hospital	Astulate		4. DATE		
DECEASED (Type or print)		Middle	Lost	OF	Manth	Day Year 21 19 61
5. SEX	Kevin	anner Division wanter Ed	MC GARRY B. DATE OF BIRTH	9. AGE (In y		21 19 61 EAR IF UNDER 24 HRS
		ARRIED NEVER MARRIED		last birthd	lay) Manths Qo	
Male	000000000000000000000000000000000000000	WED DIVORCED	1-9-61		//··	
during most af wo	ION (Give kind af wark dane 1) rking life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	ar foreign country)		N OF WHAT COUNTRY?
			Maryla	ind	U	SA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Edward R.	McGarry		Lucilie Ta	lbot		
16. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT		Address	
No	(ii yes, give wai oi dales oi service)	None (f) Edw. R. McG	arrry, same	as #2 ab	ove
-	ATH [Enter anly one couse pe			0 . 1	0	INTERVAL BETWEEN
	ATH WAS CAUSED BY:	Johnalus, S.	mall lux	elevela	clien	ONSET AND DEATH
Canditians, if gave rise to cause (a), stating lying cause last PART II. OT	immediate g the <u>under-</u> (c)	is <u>contributing to death</u> bu'	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	N GIVEN IN PART 1	PERFORMED?
ACCIDENT W	AS THE DEBIT OF THE SOL OF	SECONDE HOW INTHIBY OCCUPAN	D (E.A initial in	Part Las Part II of item 19	. \	YES NO
OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)	PESCRIBE HOW INJURY OCCURRE	D. (Enter noture at injury in	ran i ar ran ii ai neni ib		
20c. TIME OF INJU Hour o. m. p. m.	Wh		ACE OF INJURY (Hame, farm ctary, street, office bldg., etc		(Cau	nty) (Stote)
21. I certify th	at 🙀 (this haspital) atte	ended the deceased fram.	Jan. 9 4:12	61 to Jan	21 , 19 61	that (M (we) last
saw the deced	sed alive on Jan.	21 1961 , and that	death accurred at	.M, from the cause	s and an the d	late stated above
220. SIGNATURE	.011				Carrier III	22b. DATE
JIM	lxposter		M.D. PHYS.	IRECTOR STAFF		1-21-61
22c. PHYSICIAN'S NAME (Type)	W. D. HOOFER,	LT, MC, USN	22d. ADDRESS			86.1
TTAME (Type)	BOOROOBOMDOOO	BY CONTROUBLE CONSIST	U. S. Nava	al Hospital,	Bethesda	, Md.
23a. BURIAL, CREMATI		23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, to	iwn, ar caunty)	(State)
REMOVAL (Specify	1-24-6	Arlington 1	lational	Arlington		Virginia
24, FUNERAL DIRECTO	R'S SIGNATURE >) (CA)	ADDRESS			REGISTRAR'S SIGN.	
Collins Fu	neral Home, 38	21 14th St., NW,	WashDC DATE J	AN 25 '61	Outlan S. 1	Kinus

Montegenerry		and a	V. 1	
Leun) esculuta	aya a.	bacil getor		
U. S. Mayah Hasphira		oli, eli, iliyee «Ke	esnLLfV w	
ulval		YHEAD O	,'	2 0
Onlo Caucasian		To-Q+.		6+ a-a
Me ti de de las les de des	er ur en en be el	Maryama		ABU
dering it. Hoteling				
IS .udb	,			
en e	190			4
	E, NO, UES			Q -1G-L
	E, NO, UES	n G. Mayal Mospi	inal, Bransu	Q -1G-L

60886

YES NO NO

(Stote)

7. MARRIED NEVER MARRIED DIVORCED DIVORCED CONTROL RAILROADS Laury	c. CITY OR TOWN (IF OUT EDING) d. STREET ADDRESS 2000 Cedar Lost MC Laury 8. DATE OF BIRTH 9/12/1890 DUSTRY 11. BIRTHPLACE (STOTE OF TOWA 14. MOTHER'S MAIDEN NA	Lane 4. DATE Month DEATH Jan 9. AGE (In years lost birthdoy) yrs. r foreign country) AME urdock Washb	Montgomery AL ond give nearest town) e. Is RESIDENCE ON A FARM? YES NO W uary 23 19 61 FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY U.S.A.
7 weeks give street oddress) 1 Hospital irst Middle bert Field I 7. MARRIED NEVER MARRIED WIDOWED DIVORCED done 106 KIND OF BISINESS OF IND er RailRoads Laury RCES? 16. SOCIAL SECURITY NO. 17. 718-10-7499 rouse per line for (o), (b), ond (c).] o) Carcinomy	d. STREET ADDRESS 2000 Cedar Lost MC Laury 8. DATE OF SIRTH 9/12/1890 PLISTRY 11. BIRTHPLACE (STORE O TOWA 14. MOTHER'S MAIDEN NA Nellie MI	Lane 4. DATE	e. IS RESIDENCE ON A FARM? YES NO EX Day Yeor 19 61 FUNDER 1 YEAR IF UNDER 24 HR: Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY U.S.A. UNTRYVAL BETWEEN ONSET AND DEATH.
I Hospital irst Middle bert Field I 7. MARRIED NEVER MARRIED WIDOWED DIVORCED done 106 KIND OF BUSINESS 22 IND er RailRoads Laury RCES? 16. SOCIAL SECURITY NO. 17. 718-10-7499 rouse per line for (o), (b), ond (c).] o) Carcinomy	2000 Cedar Lost MC Laury 8. DATE OF SIRTH 9/12/1890 PLISTRY 11. BIRTHPLACE (STORE OF TOWA 14. MOTHER'S MAIDEN NA Nellie MI	4. DATE Month OF Jan 9. AGE (In years light birthdoy) yrs. or foreign country) AME Land Color Washb	Day Yeor 1961 FUNDER 1 YEAR IF UNDER 24 HR: Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY U.S.A. UNTRY AL BETWEEN ONSET AND DEATH.
bert Field 7. MARRIED NEVER MARRIED DIVORCED DIVORCED RAILROADS Laury RCES? 16. SOCIAL SECURITY NO. 17. 718-10-7499 Touse per line for (o), (b), and (c).] 6) Carrier	MC Laury 8. DATE OF SIRTH 9/12/1890 PUSTRY 11. BIRTHPLACE (STONE OF TOWA 14. MOTHER'S MAIDEN NA Nellie MI INFORMANT	9. AGE (In years lot birthdoy) yrs. r foreign country) AME urdock Washb	uary 23 FUNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY U.S.A. UNT INTERVAL BETWEEN ONSET AND DEATH,
widowed Divorced Divorced RailRoads Laury RCES? 16. SOCIAL SECURITY NO. 17. 718-10-7499 Double per line for (o), (b), and (c).]	9/12/1890 DISTRY 11. BIRTHPLACE (Stole o TOWA 14. MOTHER'S MAIDEN NA Nellie MI INFORMANT	r foreign country) AME urdock Washb	Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY U.S.A. U.S.A. INTERVAL BETWEEN ONSET AND DEATH,
done 100 KIND OF BISINESS OF INDICATE OF RAILROADS Laury RCES? 16. SOCIAL SECURITY NO. 17. 718-10-7499 rouse per line for (o), (b), and (c).]	IOWA 14. MOTHER'S MAIDEN NA Nellie MI INFORMANT	r foreign country) AME urdock Washb	12. CITIZEN OF WHAT COUNTRY U.S.A. UNITERVAL BETWEEN ONSET AND DEATH,
RailRoads Laury RCES? 16. SOCIAL SECURITY NO. 17. 718-10-7499 Touse per line for (o), (b), and (c).]	IOWA 14. MOTHER'S MAIDEN NA Nellie MI INFORMANT	AME urdock Washb	U.S.A. urn is INTERVAL BETWEEN ONSET AND DEATH,
RCES? 16. SOCIAL SECURITY NO. 17. 718–10–7499 Touse per line for (o), (b), and (c).]	Nellie Mu	urdock Washb	INTERVAL BETWEEN
RCES? 16. SOCIAL SECURITY NO. 17. 718–10–7499 Touse per line for (o), (b), and (c).]	, INFORMANT	Addres	INTERVAL BETWEEN
ouse per line for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
o Carcinon	a left l	ung	ONSET AND DEATH
6) Mellankres 12	At lung,	liver, Kid	ney
NOTIONS CONTRIBUTING TO DEATH BY 20b. DESCRIBE HOW INJURY OCCURR	13 %		N IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES NO
ear 20d, INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	20f. (City or town)	(County) (State
	t death accurred at	M, fram the causes and	
BINIFANT		ECTOR STAFF	y, Kud,
	OR CREMATORY		,,
	BONIFANT	M.D. ATTENDING MEPHYS. ATTENDING MEPHYS. 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS	BONIFANT 22d. ADDRESS.

004

death. Page 4 TO HOSPITAL CONTINUE PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be retained by the hospital or attending physician.

VR A15 (4) 15M 9/59

ens ishe cook farigeer farmes yrangene grown ob been received the course for the cook of t			660	
Substance of the stand of the s	W. One Sho			companies (
Tensery Teach the Lanry to Tensery 23 at 10 at 15 at 1		ndner		l.ney
and white sallwood to the sall wing start as some or wallwood to said wing start as some or wallwood some said wing		ana :sheo cour	fan Georgia anol	
Therefore the same of the same	1 12 (15/AB).	the Laury See	Members Flaid	
dwartising Fanager (SAliconds 1995) and Charles Fundock Fash and Charles Fash and Charl		07 Gee1/21/e		5.55
hospata redoxos	of at.a.tr	3//71		enis.Litarb
	nu fdae	W Mochani allian	THE COLUMN	e land
		heaptint redords		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the law form. Page 4 may be retained by the hospital or attending physician.

S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours afferdeath.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	1, 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Res	idence before edmission
		MONTROWERY, MARYLAND	a. STATE DISTRICT SCOUNTY WOLL	Impia.
)	t	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end	give nearast town)
	_	bethes 42. 62 hrs.	Washington, 47x	- 2
4		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass)	1122 ADDRESS	IS RESIDENCE ON A FARM?
		Suburban Hospital	4330 Chesapeake St. Mil	YES NO
	1	NAME OF DECEASED (Typa or print) James Milton	Marsh Death January	30, 1961,
	5.	SEX Male 6. SOLOR OR RACE 7. MARRIED NEVER MARRIED 8 WILLIAM WIDOWED DIVORCED	DATE OF BIRTH 12/11/1880 9. AGE (In years left Under 11 Y) 80 yrs.	Hours Min.
		. USUAL OCCUPATION (Give kind of work and uring most of working life, even if ratirad)		EN OF WHAT COUNTRY?
		Retired Electrician		5.A.
-	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	10	James C. McQueen	Sally Phillips	
/		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II s, no, or unkown) [(Ifyasgivawarordatasofservica)] 578-30-2961.	Maria Parina (danahara) Ch	Center St.,
	-	18. CAUSE OF DEATH [Enter only one cause par line for (a).] (b), and (c).]	. Mary Barrow (daughter) Ch. Ch.	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopney	monia	ONSET AND DEATH
		491X DUE TO		
/		Conditions, if any, which (b)		
		gave rise to immadiate cause DUE TO		
		causa last. (c)	DE ATER TO THE TRANSPORT OF SOMETIMES OF SOME	ALIZOREA
5	CERTIFICATION	Condestive Near XXII Use du	e to covondry avery a ised	PERFORMEDY
	CERTIFIC	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Part II of item 18.)	
	₹ V		CE OF INJURY (Home, farm, 20f. (City or town) (Country, streat, offica bldg., etc.)	y) (Stata)
	MEDICAL	Hour a.m. Whila Not Whila fact	ory, shear, office brogs, etc.)	,
		21. I certify that (I) (this hospital) attended the peceased from	7-29 1955 10-Dan 30, 196	? that (I) (we) last
		saw the deceased alive on		e date stated above.
		22a. SIGNATURE	ATTENDING MED. STAFF	1 22b. DATE
			.D. PHYS. DIRECTOR PHYS.	1/30/4
		22c. PAYSISLAN'S COOPE ANGRAY, JR.	4740 Chery Chase DR. Che	m Chase My
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
		Burial Feb.1, 1961 Ft. Lincoln	Cemetery Prince Georges	Co. Md.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS The S H Himes Co Washington	25a. 'KEC'D BY REGISTRAR 25b. REGISTRAR'S SI	ACCORDING TO STATE OF
		The S. H. Hines Co. Washington,	D. C. DATE JAIN 3 61 arthur &	Thous

, and de OR ORLAND Vames C. Folden Bally Philips ... Sele Center SC.. Bill-10-50 Lesy Energy (daughter) 85. Ch. Hd. William Committee Appear to the property Par at tab. 1. 1961 Pt. Procein seasons visited secretarion The S. H. Linds Co. Washington, D. C. ... Jan 51 51

Dr. Frank Broschaet. Notified ation and approves my certification and Cognition linear out

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be ret TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the or its designated agent, prior to burial, cremation, or removal, and in any eyem-within 72 hours after de VS. A15ME 5M 7/59

FOR STATE MEALTH DEPT.	Division of ST.	ATISTICAL RESEA	YLAND STATE DERING AND RECORDS, LEXAMINER'S	301 W. P	RESTON STREET, BA		
	1. PLACE OF DEATH •. COUNTY MO	NTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where decesse e. STATE MARYLAND			
	b. CITY OR TOWN (if outs write RURAL end give SILVER	neerest town)	c. LENGTH OF STAY IN 16 12 years	c. CITY OI	SILVER SPRING		
dell teral direction of the second of the se	d. NAME OF HOSPITAL O	RINSTITUTION (if not in he BORN AVENUE	d. STREET ADDRESS 208 DEAR BORN AV				
fun fun Stat Stat	3. NAME OF	First	Middle	Lasi	4. DATE		

-	EKII	FICATE	OF	DE	AIH			0088	4
2.	USUAL	RESIDENCE	(Where	deceesed	lived, If	institution		before edmissi	
	e. STATE	MARYT	AND		b. COUN	ITY P	MONTGO	MERY	

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

										OULL	
1.	PLACE OF DEATH	MONTGOMERY		MARYLAND	2. USUAL RESIDER	NCE (Where decesse YLAND	b. COUN	ITV		edmission)	
	write RURAL end	if outside corporele limits digive neerest town)		c. LENGTH OF STAY IN 18	0.6	(If outside corporete		RURAL and g	ive neerest to	wn)	
		R SPRING	and In how	12 years	d. STREET ADDRESS	VER SPRING	7		1 10 0	ESIDENCE	
		TAL OR INSTITUTION (IF		pilet, give street eddress;		ARBORN AVE	NUE		ON	A FARM?	
3.	NAME OF	First		Middle	Lasi	4. DATE	Month		Dey Yes		
	(Type or print)	EMILY			MICHAELS	OF DEATH	JAN,	. 2	5 19	61	
5.	FEMALE	6. COLOR OR RACE	WIDOWE		B. DATE OF BIRTH 10/16/90 91	lest	E (In yeers birthdey) yrs.	Months De		Min.	
		ION (Give kind of work orking life, even if retired		ND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Slet	e or foreign country)		12. CITIZE	N OF WHAT	COUNTRY?	
	HOMEMAKER			OWN HOME	JERUSALEM	, PALESTIN	Æ	U.S	.A.		
13	. FATHER'S NAME				14. MOTHER'S MAIDER						
	HARRY GAR	GOUR			FREIDA	unknown					
15 (Y	. WAS DECEASED EV	ER IN U.S. ARMED FORCE fyesgive werordelesofser	ES? 16. vice)		INFORMANT	W. abaa la	Address		Alexandrian Alexandrian		
	110				r. Edward C.				n Ave.		
-		EATH Enter only one o	ause per li			Silver Spi	ring,	Md.	ONSET AND		
		H WAS CAUSED BY: IMMEDIATE CAUSE (e)_		CORONARY OC	CLUSION				Found d		
	1420.	DUE TO							in bed	bed	
	Conditions, if eny	1-/									
	(e), stelling the u	P DUE TO									
	cause lest.	(c)_									
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CONDITI	ONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIV	EN IN PART 1	PERFO	DRMED?	
FIC	2De. EXTERNAL CA	AUSE WAS 20	b. DESCRI	BE HOW INJURY OCCURED	. (Enter neture of Injury In Po	ert I or Pert II of item	18.)		YES	NO X	
CERT	PRIMARY OF CO	ONTRIBUTING [
MEDICAL	20c. TIME OF INJU Hour e.m. p.m.	JRY Month, Dey, Yeer	2Dd. I While et work	_Not While	LACE OF INJURY (Home, fer ectory, street, office bldg., et		wn)	(County	')	(State)	
	21. I certify th	nat I took charge of	the rem	ains described above,	held an Autopsy,	Inspection X.	Inquir	y 🔭 8	end in my o	pinion	
	death resulted	from: Natural cau	ses X.	Accident , Su	ricide . Homicide	Undeter	rmined m	anner			
		1	_		CHIEF MEDICAL	EXAMINER		Marie Sal			
	ACTUAL SIGNATURE	trank O. 1	Dan	schad	M.D. ASSISTANT ME	DICAL EXAMINER			DATE SIG	GNED	
3	EXAMINER'S NAME (Type)	FRANKJ. B	ROSCI	AR'T	DEPUTY MEDICA	AL EXAMINERX	3	1	/25/61		
22	BURIAL, CREMATIC			22c. NAME OF CEMETERY		city, town, or county	200	, or country)	(Ste	te)	
	BURIAL Specify	1/26/61		FT. LINCOLN		PRINCE	GEO.	COUNTY,		AND	
23	HARNER E	PUMPHREY	INC.	ADDRESS SILVER SPE	RING, MD 240. RE	AN 31 '61		istrar's sign			
-	1	11									

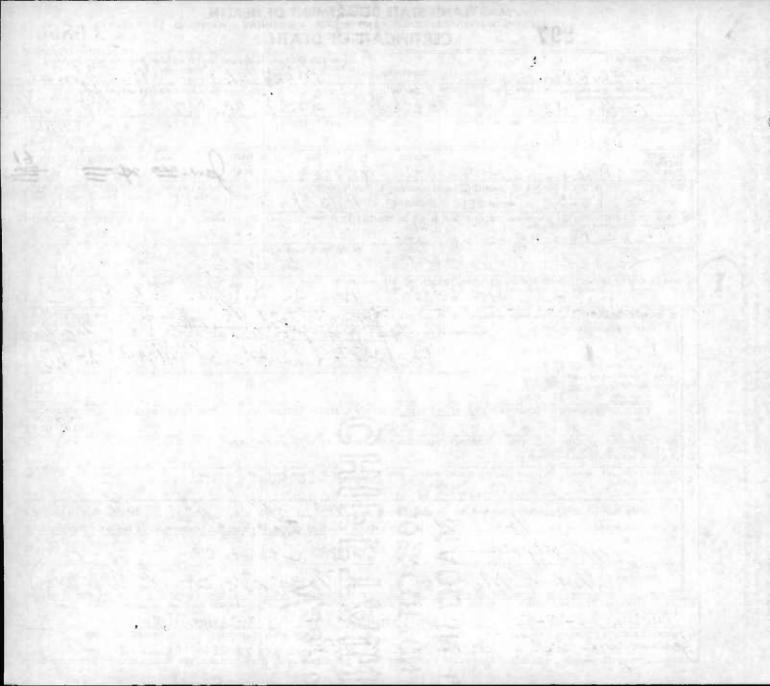
SAMERICAL STANDARDS CHEMICATE OF DEATH. IT. SHOW DEVINE

MARYLAND STATE DEPARTMENT OF HEALTH By Division of Statistical Research and RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	COUNTY	0.	MARYLAND	o. STATE MARK	b. COUNT		~~ @ / /
b.	CITY OR TOWN (If outside corporate	limits write c. LENG	TH OF STAY IN 16	c. CITY OR TOWN (If b	utside corporate limits, write		town)
	RURAL ond give negrest town)	4	15 E hes.	35 3905	- HA/sen	St-Ken	SINGTO
d.	NAME OF HOSPITAL (If not in hospit			d, STREET ADDRESS	/		S RESIDENCE ON A FARM? ES NO F
	Ou bus b &	1H					
DE	AME OF ICEASED (pe or print) Mary I	RENC	Middle	miles	4. DATE MC	Day 34 34	Yeor 6
S. SE	X 7 6. COLOR OR RA	ACE 7. MARRIED NI	EVER MARRIED	B. DATE OF BIRTH	2 AGE (In year lost birthdoy)	Months Doys H	UNDER 24 HRS. ours Min.
10a.	USUAL OCCUPATION (Give kind of w during most of working life, even, if re	rork done 10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WI	HAT COUNTRY?
13. F/	THER'S NAME	79 to ap	esotar	14. MOTHER'S MALDEN N	AME		
	Lenze	Benn-	ett.	Je.	nnie -	Gelex	oʻ
	/AS DECEASED EVER IN-U. S. ARMED 10. or unknown) (If yes, give wor or date	FORCES? 16. SOCIAL SI as of service) 414-16	-5285	Leonge	H. miles "	# 2 alvor	
1	B. CAUSE OF DEATH [Enter only or		(b), ond (c).] A	enoralis es	1 Position		AL BETWEEN
	PART I. DEATH WAS CAUSED IMMEDIATE CAU		le feat	at justin	watter	4	Olles
	541,1 DU	E TO	0.7	At 10.	2012 10.051	1 10	D
	Conditions, if any, which	(b)	Clifa	Exect will	conemick 11	leer 40	mo
М	gove rise to immediate couse (o), stating the under-	E TO					
	lying couse lost.	(c)					
CATION	PART II. OTHER SIGNIFICANT	conditions <u>contribu</u>	TING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition g		WAS AUTOPSY PERFORMED?
CERTIFI	00. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMIN	ATH	W INJURY OCCURRE	D. (Enter noture of injury in f	Port I or Part II of item 18.)		_
MEDICAL	Oc. TIME OF INJURY Month, Doy, Hour o. m. p. m.	Year 20d. INJURY OC While Not of work of w	while fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	20f. (City or town)	(County)	(Stote)
	21. I certify that (I) (this hasp	oital) attended the	deceased fram	1/23. 10	6/. to 1/24.	196/ that	(I) (we) last
	saw the deceased alive an_	1/24 19	/ /	death accurred of			171
-	220. SIGNATURE	4	age r dita iriai i		,		22b. DATE
	TUN IN	oper		M.D. PHYS.	ED. STAFF RECTOR PHYS.		SIGNED
1	PAME (Type)	R. Mos	C5.	22d. ADDRESS 1835	Eye SY	NWI	De.
230.	BURIAL, CREMATION, 23b. DATE TH	EREOF 23c. NA	ME OF CEMETERY C	DR CREMATORY	23d. LOCATION (City, town	, or county)	(Stote)
	Burial 1-27	-61 Ar		National	Arlington	.Va.	
24. 5	UNERAL DIRECTOR'S SIGNATURE		DRESS	C 70 C C		SISTRAR'S SIGNATURE	
1	mes T. Kyan, Ive	. 31180	a. On., S.	DATE J	IN 26'61	arthur S. Frank	

TO HOSPITAL C VR A1S (4) 1SM 9/59

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.



TO HOSPITAL C

VR A15 (4) 15M 9/59

DI ACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
STATE OF DEATH

1	63	6.	61	42
	1 :	A	1	- 5

1	o. COUNTY MINISTERY.	MARYLAND	o. STATE Karyl	b. COUNTY	nnlamuy
	b. CITY OR TOWN (If pulside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN IF ou	stride corporate limits write RUR.	AL and give nearest toyn)
	d. NAME OF HOSPITAL (If not in hospital, give street oddres OR INSTITUTION # Suscess Place		d. STREET ADDRESS	nt Place	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) HARRY	Middle	MILLARD	4. DATE Month OF DEATH Jan	Day Year . 17, 1961
1	S. SEX 6. COLOR OR RACE MIDOWED WIDOWED		Suly 8, 18	111111111111111111111111111111111111111	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	of Business OR INDUS	IOMA	OKLA.	12. CITIZEN OF WHAT COUNTRY?
	Henry H. Millard		14. MOTHER'S MAIDEN N.	& miller	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no. or unknown) (If yes, giya wor of dates at service)	Ö	Kouis A. Mul	lard, Jula	a, akla.
	18: CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	(g), (b), and (c).]	my Thron	mboses	INTERVAL BETWEEN ONSET AND DEATH SUR DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-	wary He	at Deseas	e	2 years
	lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition given	I IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 4
		HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port It of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY While to twork care	Not while for	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this hospital) attended the saw the deceased alive an 5 January			M, fram the causes and	, 19 <u>6</u> /, that (1) (we) last an the date stated abave.
	220. SIGNATURE	20	M.D. ATTENDING ME	D. STAFF PHYS.	17 Jan 1961
	22c. PHYSICIAN'S NAME (Type) SJ. 13. QUE	EN M.)	7AKUNIA	PAKK, A	1 d.
	GREMOVAL (Specty) JAN-20, 96, 1	NAME OF CEMETERY O	K CEM.	23d. LOCATION (Fity, town, or WASHINGTON	DC
1	Julian Julian 254	Saffull St.	NW DATE	531 0 0 fcf	thus & Kraud

1/17/61 Dr. Queen contacted Dr. Frank J. Broschart, Dep. Med. Examiner, and Dr. Broschart approved of Dr. Queen signing this certificate.

Commence of the second of the second

TO HOSPITAL C

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00892

	1. PLACE OF DEATH o. COUNTY Montgomend MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY Man	before admission) 4900016001					
	b. CITY OR TOWN (If outside corporate limits write RURAL and give negres) town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give 7228 Spruee AVE						
	d. NAME OF HOSPITAL (If not in Hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
2	3. NAME OF First Middle	last 4. DATE Month	YES NO					
	(Type or print) Louise Weisenthal M	Viller OF DEATH / -/5	Day Year 196/					
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		YEAR IF UNDER 24 HRS. Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF I	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZE Can necticut	EN OF WHAT COUNTRY?					
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1. 5. 11					
	David Miller	Isabelle Robertson						
/		NFORMANT Address Robert D. Miller, 12,904 Greno	oble Dr.					
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HEALT is Insuf-	Ficiency Rockville, Md.	INTERVAL BETWEEN ONSET AND DEATH					
	Conditions, if ony, which) (b) Circhosis of liver							
	gove rise to immediate couse (a), stating the under-lying couse last.		•					
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO					
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Dealetes mellitus 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)						
	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (Coctory, street, office bldg., etc.)	ounty) (Stote)					
	21. I certify that (I) (this hospital) attended the deceased fram/saw the deceased alive an Jan 13 196/, and that d	March 22, 1958, to January 14, 1961 death accurred and M, from the causes and on the						
	22o. SIGNATURE	M.D. PHYS. MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED					
	22c. PHYSICIAN'S NAME (Type) ARRON H. TRAUM	22d. ADDRESS \$237 Georgia Ave., Silve	Soving, My					
	23d. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATION 1/18/61 FT. LINCOLN C		(Stote)					
	24 THE PRESIDENCE SPRINGER SPRINGER SPRINGER SPRINGER	NG, MD. 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN DATE JAN 2 5 '61 Only 2	4.					

The state of the s The second of th The state of the s

VS A1S (4) 1SM 9/SB

•	MARYLAND ST	ATE DEPARTMENT OF HEALTH-	-BALTIMORE, 18
	Onwltem	9 FilmG281 2-16-61 et	
	300	9 FilmG281 2-16-61 et CERTIFICATE OF DEATH	

CERTIFICATE OF DEATH

60893 Reg. Dist. No.

1, PLACE OF DEATH o. COUNTY	Montgome		MARYLAN	o. STATE	Md.	here deceased	b. COU	Mont	tgor y	100	
RURAL ond give ne	foutside corporate limit carest town) White Oak.	ts, write	ten years	1		outside corpor			1000		1)
	AL (If not in hospitol, g	ive street	oddress)	d. STREET Rt.		wart La	ne, Wh	nite (Dak	e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Harry	st	Middle Stacey	Mood	yJr.	4. DATE OF DEATH	Janu	Month	28		Y• 61
5. SEX male	6. COLOR OR RACE colored	7. MARR	IED NEVER MARRIED	A11@	8,191	2	9. AGE (In ye	Mont	ths Days	Hours Hours	Min.
Laborer 13. FATHER'S NAME	ing life, even if retired	5	sanitary Com.	King 14. MOTHER	Wm.	Co., VE	a.	12.	US		OUNTRY?
1S. WAS DECEASED EVER	R IN U. S. ARMED FOR Ilf yes, give war or dales of so	CES? 16.		Franc INFORMANT Cyril		dilliam:		Address 7th S	st. N.	E. D	00
	mmediote (Une	e for (o), (b), ond (c).] Serebral Hemm equal Pupils, nal Insuffici	Weak Le	ft si			le eme	3 3	erval be set and hrs.	DEATH
Cardiac 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	Asthma; O	DITIONS C	CRIBE HOW INJURY OCCU	nsufficie	ncy of injury in	Port I or Port	II of item 18.			PERFO YES [NO [
Hour o.m.	at I attended the	While of world	NOT WALL NOT WALL AND THE PROPERTY OF THE PR	factory, street, office 16 , 1958	toJa	nuary 2	28 61	and an		w the d	
PHYSICIAN'S NAME (Type)	Webster	Sewel	1 No	rbeck, R	t.1 S	ilver	Spring	<u> </u>	1/	/28/6	1
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	1-31-61	F	22c. NAME OF CEMETER			Suit		Sui	tland		
23. FUNERAL DIRECTOR		2	3015 17	ST. N.E.	24a. REC	B 1 '61		registrar'			

the version of the second contract to the The Date of the state of the st turillar and symbolic turing 191,02, 307 teritory to the relative of the land CONTRACT TO LOCAL A CONTRACT TEN SE MARE OF 4.650 The last of the companies and the Manager of the April 1994, The companies are the companies and the companies are the companies and the companies are the c and the car in identify two restricted to the The second of th All Applies to Land of the Solventine

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 901

CERTIFICATE OF DEATH

Reg. Dist. No. 0894

1. PLACE OF DEATH o. COUNTY MON	TGOMERY		MARYLAND	2. USUAL RESIDENCE (Where deceased	l lived. If institut b. COUNTY		before or		
RURAL ond give ne	f outside corporote lim orest town) MA PARK	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK						
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, 900 DOMER								RESIDENCE	
3. NAME OF DECEASED (Type or print)	CATH	ERINE	Middle L.	Lost MOON	4. DATE OF DEATH	Moi J.	AN.	Day 14	Yeor 19 61	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy) 82 yrs.			INDER 24 HRS.	
10a. USUAL OCCUPATION during most of work HOMEMAKE	ing life, even if retired	done 10b.	OWN HOME	CASTEL,		ountry)		J.S.A	AT COUNTRY?	
13. FATHER'S NAME CONRAD SO	לייף דווטי			14. MOTHER'S MAIDEN						
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	INFORMANT	AGIIIIAN	Add	fress			
(Yes, no, or unknown)	(If yes, give war or dotes of s	service)		irs. Donald F	. Poole	, 900 Do	mer Ave			
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Cir	Pero Schul	orosis-		koma Par		CHARSEL	AND DEATH	
gove rise to incouse (o), stating lying couse lost.		6	in Nopla	tes -				3	uz	
PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	RMINAL DISEASI	E CONDITION GI	VEN IN PART 1	PI	VAS AUTOPSY ERFORMED?	
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port 1 or Port	II of item 1B.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. I While of wor	Not while fe	LACE OF INJURY (Home, fo octory, street, office bldg.,	orm, 20f. (City etc.)	or town)	(Co	unty)	(Stote)	
21. I certify the alive an	at Lattended the	deceas , 19_	- ' '			the causes at reet, city or town	nd an the		e deceased ated abave. DATE SIGNED	
PHYSICIAN'S	amos Q.	Oile	ceeffe	m.o						
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL			22c. NAME OF CEMETERY C		22d. LOCAT	MORE MA	or county)	1	(Stote)	
23. FUNETUNITECTOR	SPUMMEY	INC.	ADDRESS SILVER SPRING	24o. RE	C'D BY REGIST	RAR 24b. REG	STRAR'S SIGN			

. White midd i night it biased ares the TO STALL SAME STALL LANDS OF Land to the first of the state THE ACTUAL OF THE PARTY OF THE

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deal please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burief-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or requivel, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	303							
1. PLACE OF DEATH	*		2. USUAL RESIDEN	CE (Whare dec	aesed lived, If	Institution: Resid	ence before	edmission)
Montg	0200 2027	***********	e. STATE	7 1	b. COU	NTY		20
b. CITY OR TOWN	if outside corporete limit	MARYLAND 1s, c. LENGTH OF STAY IN 16	Mary		-A- M- 14- 15	How		
write RURAL end	give nearest town)	c. LENGTH OF STAT IN ID	c. CITY OR TOWN (ir ourside corpor	ere ilmits, wri	RUKAL and giv	ve nearest toy	wn)
Olney		DOA	High	land		24-	1	
d. NAME OF HOSPI	TAL OR INSTITUTION (f not in hospital, give street address)	d. STREET ADDRESS					RESIDENCE
Mont	Concess	Wagnital	D	77 7 77 1				A FARM?
3. NAME OF	g. General	Hospital Middle	Forest Last	Edge Rd	Mont	Da Da		
DECEASED (Type or print)			5401	OF			1 1 1 1 1 1	
	Bettymae	e M	oore	DEATH	Jan 1	,1961	19	155
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED B	. DATE OF BIRTH	9.		IF UNDER 1 YEA		R 24 HRS.
female	white	WIDOWED DIVORCED	11/16/1922		last dirthday)	Months Days	Hours	MIn.
10a. USUAL OCCUPAT	ION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign coun		I 12. CITIZEN	OF WHAT	COLINTRY
done during most of wo	rking life, even if retired	d) own home		or rorong in coon.				LOOKIKI
housew:	rie	Own nome	D.C.			1	USA	
13. FATHER'S NAME	SCHOENE	EMAN	14. MOTHER'S MAIDEN	NAME				
Geo	. J. Mahadan	omanc	Loren	a Rouse				
15. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT		Address			
(Yes, no, or unkown) (I	fyes give war or dates of se	579-20-2187	Hosp. Rec	ord				
210		cause per lina for (a), (b), end (c).]	nosp. ncc	Old				
THE PERSON NAMED IN COLUMN 1	H WAS CAUSED BY:	L L.	, ,				INTERVAL BE	
TAKI II. DUAT	IMMEDIATE CAUSE (a)_	Temo-parice	endun	~				
182-	DUE TO						Ju.	10
Conditions, if any	2	Ruplure st	bes Com on		antin		~	de
geve rise to immedi	ote couse	7	()	way,		4		7
(e), stetling the u	nderlying DUE TO	Pre PC P	test	٨		1		
cause last.) (c)_	Oushex	nee					
PART II. OTHER	SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIV	EN IN PART 1(a)		AUTOPSY
EV								NO T
PART II. OTHER OF THE PRIMARY M OF CO CAUSE OF DEATH.	USE WAS 20	Ob. DESCRIBE HOW INJURY OCCURED. (E	ntar natura of Injury in Par	t I or Pert II of It	em 18.)		113 [24	110 [
PRIMARY NO or CO	NTRIBUTING []					. 1	1. 4	
		ndetermined if driv				ch stru	ck tre	е
20c. TIME OF INJU	RY Month, Day, Yee	While Not While fact	CE OF INJURY (Homa, fern	n, 20f. (City o	or town)	(County)		(Steta)
4:20" xx	1/1/61		ighway		Mood N	lontg.	Md.	
	at I took charge of	f the remains described above, he	ld an Autonsy Tr.	Inspection [, Inquir	v 🗖	nd in my o	ninion
death resulted f							id iii iiiy o	pinion
dealli resulted i	rom: Natural ca	uses , Accident , Suici			etermined m	anner		
	1-		CHIEF MEDICAL	EXAMINER				
ACTUAL SIGNATURE	Jacant Q	: Browning	M.D. ASSISTANT MED	ICAL EXAMINER			DATE SIG	NED
	1		DEPUTY MEDICAL	L EXAMINER	k 7/	1/61		
EXAMINER'S NAME (Typa)	Frank J.	Broschart	Address (Street,			_/ 01		
220. BURIAL, CREMATIC				22d. LOCATIO		or country)	(Stel	te)
REMOVAL (Specify)	1							7.4
BURIAL	1/4/61	ARLINGTON NAT'I				/IRGINIA		
2 WARNER DIRECTO	PUMPHREY, I	INC. STEVER SPRING	MD. 240. REC	D BY REGISTRA	R 24b. REG	ISTRAR'S SIGNA	TURE	
Raymond	a Busk		DATE JA	N 6 '61	C	Thun & the	-UA	
1	- 0					2, 10		
V								

HEARD AG STADELTHOO EURINIMAN IN MACIGINI WAS E WELTO E DAT IN THE MARKET THE STREET THE CAMPAGE AND ADDRESS OF THE CAMPAGE AND ADDRE Appear the forth the letter and offer an appearance of the forth and the fact of the fact HANDOUTE TOUS THEM IN TERMS OF THE MOTOR DESIGNATION OF THE PARTY OF T And I will be the second

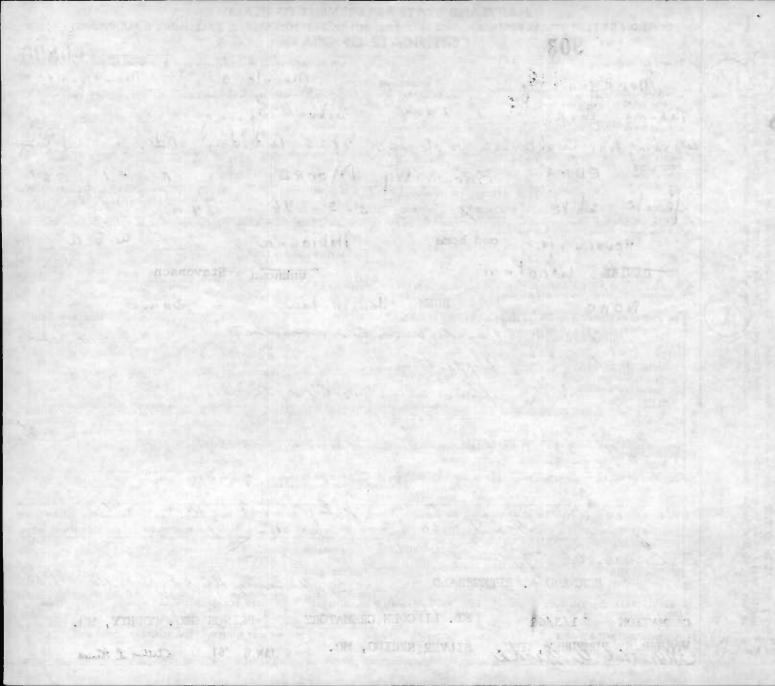
VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 903

		PLACE OF DEATH	2. USUAL RESIDENCE	1		Idence belore admission)
)		Mont gomery MARYLAND	o. STATE Mary	land b.	COUNTY MO.	regemery
/		o. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	utside corporete limit	s, write RURAL and s	give nearest town)
17	1	write RURAL end gily neerest town) Takoma Park 1 day	Silver 5		. 22	
0		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	Aring	- /	. IS RESIDENCE
	11)	ashington Sanitarium + Hosp.	9128 Wa	2/den	Rd.	ON A FARM?
		AShington Sanitarion 7/708 P. NAME OF First Middle		DATE		Dey Yeer
		DECEASED FOND	MOORE	OF DEATH	, _	, , ,
	5.	131/00/1/149			years IF UNDER 1 YE	19 6
	٥.	TO TO THE MARKED LINE WARRIED LINE	B. DATE OF BIRTH	9. AGE (In last birth		
	10	Temale White WIDOWED DIVORCED	2-3-16	184	yrs.	
-	do	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County	& Stete, or foreign co	,	N OF WHAT COUNTRY?
		Housewife own home	MDIanna	,	u.	S. a.
14	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME		
		DANIEL Wooten	unknow	m Steven	nson	
			INFORMANT		ddress	
1	(10)	(Ifyesgive wer or dates of service) NONE	n.in-law		Samo	
)		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	11-11-11-11-11-11-11-11-11-11-11-11-11-			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cenebro Vascus	lar accorde	ent.	7-1-1-1	ONSET AND DEATH
		This is the cross of				14 100
		S 3 1 X DUE TO What tens				
	34	conditions, if any, which geve rise to immediate ceuse (b)	~			
		(e), steting the underlying DUE TO Heree lived	antenoch	2,000		
		ceuse last. (c)				
7	é	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL	L DISEASE CONDITIO	N GIVEN IN PART 1	PERFORMED?
	CAI				13 / 1 = 11	YES NO
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING [206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [CAUSE OF DEATH). (Enter neture of injury in Peri	t I or Pert II of item 18	1.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	WEDICAL		CE OF INJURY (Home, ferm,	20f. (City or town)	(County	(Stete)
н	WED	Hour e.m. While Not While p.m. 19 et work et work	tory, street, office bldg., etc.)	- 1		
		21. I certify that (I) (this hospital) attended the deceased from.	July 19	59 10 year	n 10	., that (I) (we) last
10		saw the deceased alive on See 31 1960, and that	7			
		22a. SIGNATURE	death occured al 22.	IN, Ironi nie ca	uses and on the	22b. DATE
		K. Il Ataland	ATTENDING MED	STAFF		SIGNED
		22c. PHYSICIAN'S	22d. ADDRESS	CION /IIIs.		111.
		NAME (Type) BERNARD A. FITZGERALD	217 Umoes	ity Abort	E. S.S 1.	nes 11/61
	22.	BURIAL, CREMATION, 23b. DATE EREOF 23c, NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (C	ity fawn as county)	(Stete)
)		REMOVAL (Specify)				
	_	100000000000000000000000000000000000000			O. COUNTY	
		FUNER E. PUMPHREY, INC. SILVER SPRING	. MD	BY REGISTRAR 25		
	()	aymound a Biska.	DATE JAN	6 '61	arthur &	Kraus



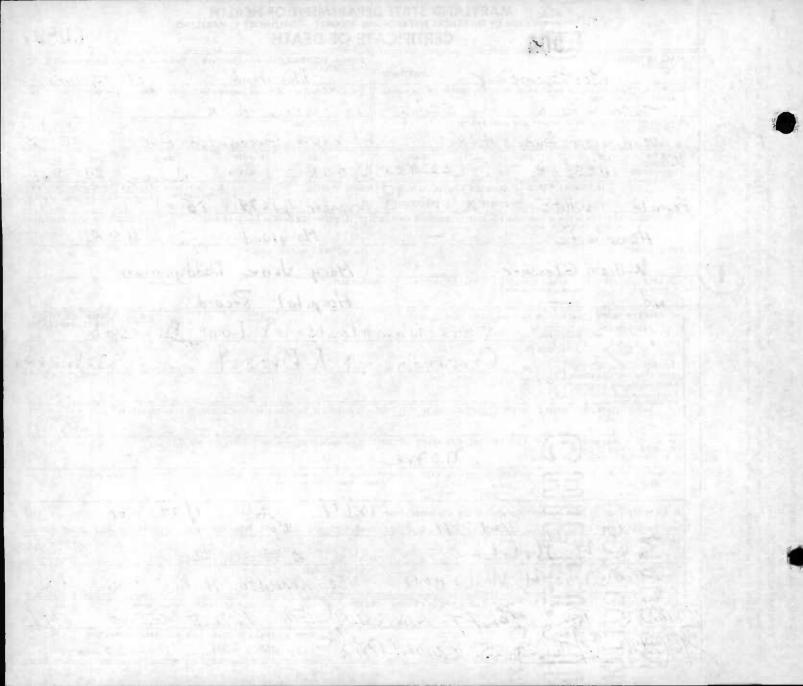
TO HOSPITAL O

VR A1S (4) 15M 9/S9

904

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

-		
1	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
1	Montgomery MARYLAND	Haryland Hontgomer
)	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give agarest town)
1	Takoma Park 53 days	19 Takoma Park
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	e. IS RESIDEN ON A FAR
5	Washington Jan. + Hosp	8102 Greenwood Ave, YES NO
3	NAME OF DECEASED (Type or print) JESSIE GLESSMEY	MOORE OF DEATH Sanuary 24 196
S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24
	Female white WIDOWED DIVORCED	November 1, 1875 lost birthdoy) Months Days Hours A
ī	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUN
	during most of working life, even if retired) House wife	Maryland U.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	William Glessner	Mary Janes Daddysman
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unknown)	INFORMANT Address
	NO	Hospital Records
	18. CAUSE OF DEATH [Enter only one couse per line (or (o), (b), and (c).]	INTERVAL BETWE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nalosis of Lung Bones, el
	170 X DUE TO	n DR Y
	Conditions, if ony, which) (b) TCINOMB	of A Dreast 30 yrs.
1	gove rise to immediate couse (a), stating the under-	
	lying couse lost. (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORME
		YES NO
)	20%. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 20%. DESCRIBE HOW INJURY OCCUR!	RED. (Enter noture of injury in Port I or Port II of item 18.)
1	2	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (foctory, street, office bldg., etc.)
15	Hour o. m. P. m. While Not while of work of work	rociory, siteel, office oldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	12/1/ 19 (90 1/24, 196/, that (1) (we)
1	11	deoth occurred at 10 PM, from the causes and on the date stated ob
1	220. SIGNATURE A. W. P.	ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS. 22b. DA SIG
	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
	NAME (Type) (has H Wolo HOW	500 Underwood St. new. Work il.
2	33 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATON 23d. LOCATION (City, town or county) (Stote)
4	Mistax 14N/26/196/1-7: 14/NC	OLN CEIN FRINCE GROWN //
12	Apprecial business superators (ADDRESS)	256. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE DATE JAN 2 6 61



TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL O

VS A15 (4) 15M 10/57

050

death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		905		CERTIF	ICA	TE OF DEATH	1		Reg. D	ist. No	008	398
1. P	LACE OF DEATH COUNTY Montgomer	v		MARYLA	ND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere decease	d lived. If institution b. county Prince	on: Reside	nce befo	re admiss	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give neares town) c. CITY OR TOWN (If outside carporate limits, write RURAL and give neares town)							1)					
	Bethesda	orest lown)		27 days		Hvattsvill	e	168	1 -	2		
C		AL (If not in hospital, g	ive street			d. STREET ADDRESS			-		e. IS RES	IDENCE
		cal Center	· Re	thesda 14. N	/Id	3713 Kenne	dar Pl	200				FARM?
	NAME OF	Fir		Middle	444	last	4. DATE	Mon	th	Do		Yeor
	DECEASED Type or print)	Her	2277	Vincent	-	Morris	OF DEATH			2	,	19 61
5. S	EX	6. COLOR OR RACE		IED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	1	
	Mala		WIDOWE				007	lost birthdoy)	Months	Doys	Hours	Min.
10a.	Male USUAL OCCUPATIO	White	done 10b.	-	_	January 8, 1	or foreign o	99 /	112 CI	TIZEN O	F WHAT	COUNTR
	during most of work	ing life, even if refired)									COOKIX
13. 1	Shop Fore	man	_ A	to Repair		Washingt	on, D	1.0.		0.5	.A.	
								1				
15 1	Henry Mor	TIS	CES2 14	SOCIAL SECURITY NO.	17 IN	(Unknown)	lyler	(Sarah N	landa	nyoh	1)	
	no. or unknown) (I	If yes, give wor or dates of s	ervice) 5			FORMANT The Med						
	No	None		avariante.	The	Clinical Ce	nter,	Bethesda	1/10		ylan	
		TH [Enter only one co TH WAS CAUSED 8Y:	-	e far (o), (b), and (c).]		77 17				INTI	RVAL BE	DEATH
	PART I. DEAT	IMMEDIATE CAUSE (o	CO	ngestive Hea	art	Failure						
	160	DUE TO			7							
	Conditions, if an		Ch	ronic Respin	rate	ory Insuffici	ency			2	wee	ks
	gove rise to in couse (o), stoting t		0		/D-		3/					
	lying couse lost.) (c)ua	rcinomatous	(1)	ronchogenic)	пуето	patny		4	yea	rs
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	H BUT !	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED	. (Enter noture of injury in P	art for Por	t II of item 18.)	Ē 19			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. IN While at work	_ Not while _	e. PLA fact	CE OF INJURY (Home, form, ory, street, office bldg., etc.	20f. (City	y or town)	(County)		(Stote)
	21. I certify the	at Cattended the	decease	ed from Decembe	er 6	, 19 60, to Ja	nuary	2 10 61	that I	lost so	w the	docean
	alive on Janu	ary 2		ond that de	eath	accurred at 6:10A	AA From	m the course of	ad an i	ha da	iw ille	deceuse
		1 -	10	/ 0110	cam			freet, city or town,		ne aa		ATE SIGNI
	ACTUAL SIGNATURE	for bes 1	11	10mil		. The Clinic				7	12/6	
	SIGNATURE	<u> </u>				National I			ealt.	h	1	
	PHYSICIAN'S NAME (Type)	Forbes H.	Norr	is, M.D.		Bethesda 1			.0010	10.13		
220.	BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CEMETE	RY OR			TION (City, town, o	r county)		(Stot	e)
	REMOVAL (Specify)	January	4 10			Cemetery		hington	DC		(3.01	
$\overline{}$	UNERAL DIRECTOR'S		74-1-75	ADDRESS	11		BY REGIST	TRAR 24b. REGIS	TRAR'S SI	GNATUE	RE	

240. REC'D BY REGISTRAR

arilan & Krous

en de la companya de La companya de la co
the first that there is a first of the first
and the state of the property of the State of the foreign of the party of the party of the state
man and the state of the state

THAT I LEVEL BUT DON'T THE LAND BROOM BY A SECOND FOR A COURT OF

60899

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs death. Page 4 by the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, detached for use as the buriol-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with Health print to buriol, cremation or removal and in any event, within 72 hours often death.	4			2	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs death. Pag by the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct detached far use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be filled. Health pries to burial, cremation on removal.	0		tar	÷.	
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs death. TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral didetached for use as the buring permit. Then please remove carbon papers. Pages 1 and 2 should be filled the print to buring the buring or removal, and in any west within 27 haurs often class.	Page		re	Ö	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs great death by the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be Health print to burial cremation or removal and in any event within 25 hours often death.			Ö	Ę	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician and completely filled in by the fune detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should the the horizon or remarked in any event within 72 hours often death.	oth		ral	e c	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs by the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician and completely filled in by the fidetached far use as the buriol-transit permit. Then please remove catching appears. Pages I and 2 should the print to buring the purion or removal and in any event within 72 haurs often death.	O		une	P	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs by the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician and completely filled in by the detached far use as the burial-transit permit. Then pleases remove carbon papers. Poges 1 and 2 shealth prior in burial, cremation or remoral and in any event within 72 hours often death.	1		e f	20	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs by the hospital ar attending physician. TAR: After this certificate has been signed by the attending physician and completely filled in by detached for use as the buriol-transit permit. Then places remove carbon papers. Poges 1 and 2 Health prior to burial, remain or removal and in any event within 72 haurs offer death.			÷	-S	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hapy the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician and completely filled in detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and Health print to burial, cremating or removal and in any event within 27 hours ofter death.	urs		by	9	
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 by the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician and completely filled detached for use as the buritol-transit permit. Then please remove carbon papers. Pages 1 Health orier to burial, cremation or removal and in one west within 72 hours often death	ha		.5	G	
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within by the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician and completely fill detached far use as the buriol-transit permit. Then please remove carbon papers. Pages the phirial cremation or removal and in any event within 20 haurs often death.	24		ed	_	_
ATTENDING PHYSICIAN: The low requires that the death certificate be executed with by the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician and completely detached for use as the buriol-transit permit. Then please remove carbon papers. Po Health print to burial cremains to permit and an area within 77 hours often discourse within 77 hours often discourse.	.⊆		Œ	ges	20
ATTENDING PHYSICIAN: The law requires that the death certificate be executed we the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician and complete detached for use as at the buriol-transit permit. Then please remove carbon papers. Health print to burial, creamation, or removal and in any seest within 29 hours often	÷		10	Po	7
ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician and comp detached far use as the buriol-transit permit. Then please remove carbon paper the price to buriol in cremation or removal and in any event within 72 hours or	3		ete	s.	fto
ATTENDING PHYSICIAN: The law requires that the death certificate be exectly the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician and condition that are the personal permit. Then please remove carbon pay deathed for use as the burial-transit permit. Then please remove carbon pay Health prior to burial premation or removal and in any event within 72 hours.	e		du	ber	0
ATTENDING PHYSICIAN: The law requires that the death certificate be exy the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician and detached for use as the buriol-transit permit. Then please remove carbon Health prior to hurial, remarkal may in any event within 72 hards.	ec.		00	pal	2110
ATTENDING PHYSICIAN: The law requires that the death certificate be by the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician a detached far use as the buriol-transit permit. Then please remove carbo the horizon to burial, cremation, or removal, and is any exert within 5.	e) X		Pu	L C	h'
ATTENDING PHYSICIAN: The law requires that the death certificate by the hospital ar attending physician. TOR: After this certificate has been signed by the attending physician detached far use as the buritol-transit permit. Then please remove co	be		0	ě	7
ATTENDING PHYSICIAN: The low requires that the death certifically the hospital ar attending physician. TOR: After this certificate has been signed by the attending physical detached for use as the buriol-transit permit. Then please remove Health Antifician to buriol, cremonal and in any event with	0		ioi	8	hin
ATTENDING PHYSICIAN: The low requires that the death certify the hospital ar attending physician. TOR: After this certificate has been signed by the attending phy detached for use as the buriol-transit permit. Then please remother harden to burial transition or removal and in any event	0		ysic	ve	.3
ATTENDING PHYSICIAN: The low requires that the death ce by the hospital ar attending physician. TOR: After this certificate has been signed by the attending detached for use as the buriol-transit permit. Then please retained the buring to permit on removal and in one and	生		phy	E	+0
ATTENDING PHYSICIAN: The law requires that the death by the hospital ar attending physician. TOR: After this certificate has been signed by the attending detached far use as the buriol-transit permit. Then please the burial cremation or removal and in any.	0		g	1	DV.
ATTENDING PHYSICIAN: The law requires that the de- y the hospital ar attending physician. TOR: After this certificate has been signed by the atter detached for use as the buriol-transit permit. Then ple Health prior to burial, remarking or remarked had in any in a	ath		igi	OSe	>
ATTENDING PHYSICIAN: The law requires that the y the hospital ar attending physician. TOR: After this certificate has been signed by the a detached for use as the buriol-transit permit. Then Health prior to burial, cremation or removal and it.	de		tter	ఠ	0
ATTENDING PHYSICIAN: The law requires that toy the hospital ar attending physician. TOR: After this certificate has been signed by the detached far use as the buriol-transit permit. The Health priest to burial, remarking or removal.	9		0	eu	-
ATTENDING PHYSICIAN: The law requires the y the hospital ar attending physician. TOR: After this certificate has been signed by detached for use as the buriol-transit permit. Health print to buriol, cremation or removal.	+		th	무	000
ATTENDING PHYSICIAN: The law requires by the hospital ar attending physician. TOR: After this certificate has been signed detached for use as the buriol-transit permit Health prior to burial, cremotion or remove.	tho		by		-
ATTENDING PHYSICIAN: The law requir by the hospital ar attending physician. TOR: After this certificate has been sign detached for use as the buriol-transit per Health prior to burial, remarking or rem	es		Po	Ē	N
ATTENDING PHYSICIAN: The law rea by the hospital ar attending physician. TOR: After this certificate has been si detached far use as the burial-transit	. 5		g	pe	E
ATTENDING PHYSICIAN: The low by the hospital ar attending physici TOR: After this certificate has been detached for use as the buriol-tran Health prior to burial, cremation.	reo	an.	Si	sit	2
ATTENDING PHYSICIAN: The lo by the hospital ar attending physicial and are artificate has be TOR: After this certificate has be detached for use as the burial-thermorphy and private to burial.	3	0	ee	ran	-
ATTENDING PHYSICIAN: The yoy the hospital ar attending poy the hospital ar attending poy. ToR: After this certificate ha destached for use as the burial remains the burial remains.	0	hy	sb	1-0	101
ATTENDING PHYSICIAN: y the hospital ar attending TOR: After this certificate detached far use as the bit	The	9	ha	Jric	2
ATENDING PHYSICIAL by the hospital ar attence TOR: After this certificated action of the detached far use as the Health prior to burial	÷	in in	o te	مَ	610
ATTENDING PHYSIC by the hospital ar att TOR: After this certification detached for use as Health prior to burie	M	end	fice	‡	-
ATTENDING PHYS y the hospital ar TOR: After this a detached far use Health prior to b	2	t o	it.	00	in
ATTENDING PROSpital TOR: After this detached for u	7	D	S	Se	9
ATTENDING by the hospit TOR: After detached fo	4	0	thi	7	7
ATTENDII y the hour TOR: Aft detached	5	Spil	P	fa	LI
ATTEN by the TOR: detack	10	ho	AF	hed	9
de de de	E	he	ä	ac	4
	E	y t	10	del	H

may be retained by the hospital ar attended to the state of the state

TO HOSPITAL C

VR A1S (4) 15M 9/59

305	CERTITIOA	IL OI BEATH			
PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WH			ce before admission)
Montgomery		District of			V
 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limit	s, write RURAL and g	give nearest town)
Bethesda (Rural)	35 days	Washington			47X-3
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
U. S. Naval Hospital		4000 Massaci	husetts Av	re., N.W.	YES NO TE
B. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day Yeor
(Type or print) John	Broder	MOSS	OF DEATH	January	31 1961
S. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	3 44 1 4	1 YEAR IF UNDER 24 HRS.
Male Caucasian WIDOWE	DIVORCED	1-25-01	60) yrs. Months	Days Hours Min.
On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country)	12.CITI	ZEN OF WHAT COUNTRY?
	J. S. Navy	New Yor	2	U	SA
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME		
John Andrew MOSS		Carolyn KO	BBELEOR		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	IFORMANT		Address	
	6-30-7225 (V	V) Mrs. Doroth	hy Moss. s	same as #2	above
1B. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	diovascular Co	llapse			ONSET AND DEATH
193 DUE TO					
Conditions if you which \ Tnc	reased intracr	anial nreggir	•		
gove rise to immediate	104004 21101 401	and propout	•	1 3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
couse (o), storing the under-	ignant brain t	11770-99			
PART II. OTHER SIGNIFICANT CONDITIONS C			INAL DISEASE COND	ITION GIVEN IN PAR	T 1(a) 19 WAS AUTOPSY
S S S S S S S S S S S S S S S S S S S	SHIRIDONNO TO BEATT BOT	TO THE TENM	INAL DISEASE COND	HON SIVEN IN TAK	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING A 20b. DESC	RIBE HOW INJURY OCCURRED	O. (Enter noture of injury in	Port I or Port II of ite	m 1B.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	fac	ACE OF INJURY (Home, form tory, street, office bldg., etc.) (0	County) (State)
Hour o. m. While of world	IAOI MIIII6	iory, sireer, office bidg., erc	7		
21. I certify that (X (this hospital) attend	ed the deceased from	Dec. 27 10	60 to Jan	31 19	61 that (x) (we) last
saw the deceased alive an Jan. 31	19 61, and that d		UPM		e date stated above.
220. SIGNATURE	/ und mai d	lean occorred ar	, M, Hulli file co	oses ond on me	22b. DATE
Stmiller		M.D. ATTENDING M	ED. STAF	F. (3)t.	2-1-61 SIGNED
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
J. H. MILLER, LA	r, MC, USN	U. S. Nava	l Hospital	, Bethesd	a, Md.
3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (Ci	ty, town, or county)	(Stote)
Burial 2-3-61	Arlington Nat	tional	Arlingto	n V	irginia
4. KINERAL DIRECTOR'S SONATURE	ADDRESS		1	2Sb. REGISTRAR'S SIG	
R. A. Pumphrey Funeral Hor	Bethesda, M	d. DATE			

Yold Coucesing

NATE IDENTIFIE

(Leadin) swardate

- Farlough Invaling U

THE LAND TO LOUIS TO LE

and grant the time a real of

W.E. T. TVA AJGBRECONBERG GLOF

TOTAL SECTION TO THE TOTAL SECTION TO THE TOTAL SECTION TO THE SEC

Your of wiles to imper one of the contract t

nam Clo Con Congress consults and a Six

Benjaming IAbgramatal beaswools

tal terror by the state that

J. E. Milder, Mr. 10, 187 J. J. S. Marel Mospieri, 20 Massel

Author - colonia - colonia - colonia - colonia - colonia

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delice and please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

0

88

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,

907MEDICAL EXAMINER'S CERTIFICATE OF DEATH of

1,	PLACE OF DEATH					2. USUAL RES	IDENCE (W	ere decae			dance before	edmission)
1	Mo	ontgomery		MARYLAN	ND UV	e. STATE Ma	ryland		b. COUN		omery	
	b. CITY OR TOWN (i	f outside corporate li	mits,	c. LENGTH OF STAY IN	1 1b	c. CITY OR TO	WN (If outsid	a corporet	e limits, write	RURAL end gi	ve nearest to	wn)
V	Be	thesda		unknown		× Re	ckvill	e				
	d. NAME OF HOSPIT	TAL OR INSTITUTION	(if not in hos	pital, give street eddrass)		d. STREET ADD	RESS		-3			RESIDENCE
4	Su	burban H	ospit	al		6	Sedgew	rick :	Lane			A FARM?
3.	NAME OF DECEASED	Fi		Middle		Last	4. D2		Month	D D	ey Yes	Pr
	(Typa or print)	Ger		W.	Me	ovius		EATH	1		25 19	61
5.	SEX	6. COLOR OR RAC	E 7. MARRIE	D NEVER MARRIED	7 B.	DATE OF BIRTH				IF UNDER 1 YEA		R 24 HRS.
1	Male	White	WIDOWE			7/27/07			st birthday) 53 yrs.	Months Dey	s Hours	Min.
	e. USUAL OCCUPATI			IND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE	(Stata or forei	gn country	v)	12. CITIZEN	OF WHAT	COUNTRY?
	Writer				-000	North	Dekot	2		U	S.A.	
13	. FATHER'S NAME				1	4. MOTHER'S MA	IDEN NAME					
	Rober	t Movi	us			Ann	a Murr	TV				
15	. WAS DECEASED EVE	ER IN U.S. ARMED FO	DRCES? 16.	SOCIAL SECURITY NO.	17. IN			al .	Address			
1,,	no	I yes giva well of dalas c		91-01-5706	E	Leanor, w	ri fe		same	as abov	•	
	18. CAUSE OF D	EATH [Enler only o		ine for (e), (b), and (c).]				1000	Deanto	0.0 2.00	INTERVAL BE	
		H WAS CAUSED BY:	e) Cer	reberal Edem	a						hours	DEATH
	903.	5 DUE T	-									
	Conditions, if any	, which)	b) Sul	odural hemat	oma,	left			-14:10		1 wee	k
	gave rise to immadia (a), steting the ur	DISC T	0									
	cause last.	J (c)									
Z	PART II. OTHER	SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BL	JT NOT	RELATED TO THE T	TERMINAL DIS	EASE CO	NDITION GIV	EN IN PART 1(e		
CERTIFICATION												NO
H	20e. EXTERNAL CA		20b. DESCR	IBE HOW INJURY OCCUR	ED. (Ent	er neture of Injury	in Pert I or Pa	rt II of iter	m 1B.)			
	CAUSE OF DEATH.	MIKIBUTING [50,4	Da in	4 9	ull to	Stice	1				
13	20c. TIME OF INJU	RY Month, Day,		INJURY OCCURRED 200	. PLACE	OF INJURY (Hom	a, farm, 20f.	(City or	town)	(County)		(Slale)
MEDICAL	Hour erm.	1-19 10	While		rectory	street, office bld	g., etc.)	eller	oken-	elm	1	De.
				nains described above	, held	an Autopsy D	, Inspec	tion	, Inguit	у П. а	nd in my	ppinion
	death resulted f	rom: Natural	causes 🗍	Accident 🔀,	Suicide	Homi	cide ,	Undet	ermined m	anner 🗍		
		0		7		CHIEF MED	ICAL EXAMIN	ER 🗍				
	ACTUAL SIGNATURE	trank	2.15	merhant	\$	M.D. ASSISTAN	T MEDICAL EX	AMINER			DATE SIG	SNED
-	EXAMINER'S	The M	1-			DEPUTY ME	EDICAL EXAM	INER 🙀		1-2	5-6	./
200	NAME (Type)	L KANK	2	13 & SCh 22c. NAME OF CEMETER			treet, city, tow		nty) N (City, town		(Sta	40)
122	REMOVAL (Spacify)	0104	KEOF								(518	10)
2	Burial B. FUNERAL DIRECTOR	2/ 3/61		Rock Cree	JK (gton,	ISTRAR'S SIGN	ATLIRE	
			Wash	ington, D.	. C.	GAT T		'61		Thun S. K		
-						I DA	TEFER 2	10	1	Annual With		

	BIARD TO STADISTING E			
Vieto, 710	tour all			
	alli-doal	avolutini.	401	Cold Cold
	o Sea gallak Jene	200	mall ten	343
	Mertins 2 actival 2	, X	binte aven	
.A.s.	Markh Dakote			retire
	Visite C AnniA		ar Avoit	fitedolf.
aroda a	o series de la companya de la compan	·		
51100		Careberal Giogn		
L respons	the state of the s			
L work		semmas Larurbolds		
1 work		oramen Lanutbook		
1 work		oraman Lanutonida		
1 work		oramen Lanutonido		
1 work		oraman Lanutonida		

THE REPORT OF THE PROPERTY OF

poge

10

VS A15 (4) 1SM 9/SB

death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Montgomery Maryland b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Poolesville 75 yrs Poolesville d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE First Middle Last Month Day Year DECEASED Munger Bemulah Ann an -December 19 61 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX Months Hours Female White December 12-1881 WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) House keeper——Own home Virginia 12. CITIZEN OF WHAT COUNTRY? U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John B. Munger Eliza Huffman WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address NONE Fred Campbell . Poolesville . Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) neumonia DUE TO Axterios clayosis Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f, (City or town) (County) (Stote) foctory, street, office bldg., etc. While Not while ot work at work MURYY, 196/, that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at LA alive an M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S Gordon M. Smith Barnesville, Md. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) Burial lan 12/10/61 Beallsville, Maryland

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Monocacy

ADDRESS

CONTROL OF THE PROPERTY OF THE

PTARE OF STRUMBERS

Footsomers New York Hand Hankgamany

Remulah Ann Munger S 6 6

White December 12-1881X M 72
House Reage: ---Own home Virginia 0.8.

doby M. Manger T. Har Har Sman

VOSE | Professional Professional | Professional |

To Present the Street of the S

10010

The state of the s

Cordon W. Smith Burnesville Swit.

Burleling 1070/61 Nonococy Burlaville Saryland

VS A15 (4) 15M 9/55

ARYLAND	STATE DEPAR	TMENT	OF	HEALTH-BA	ALTIMORE,	18	3
	CEDTIE	CATE	OF	DEATH			

M

L	gno	CERTIFICA	ATE OF DEATH		Reg. Dist. No. 00902
	PLACE OF DEATH			ere deceased lived. If institution	Residence before admission)
1	MONTGOMERY	MARYLAND	· STATE ARY	IAND 6. COUNTY	MONT.
7	RIPAL and give percent town	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, write RUR	(AL and give nearest town)
1.F	AIRLAND 8	157 to 1/14/61	Chev	1 Chase	48
	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	fress)	d. STREET ADDRESS	0101	e. IS RESIDENCE ON A FARM?
IF		lome	4504 W	alsh It.	YES NO
3.	NAME OF DECEASED (Type or print) LOUISE		NIESS	4. DATE Jaw .	14, 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Wonths Days Hours Min.
	remale White WIDOWED		AUN 2560 1	888 72 yrs.	Nones Days Hoors Min.
100	. USUAL OCCUPATION (Give kind of work done 10b. Kit journg most of working life, even if retired)	ND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
L	Housewife			y TON DC	0-5
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
17	AMES KichARdSON		LUBERT	4 DEENE	R.
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (If yes, give war or dates of service)	CIAL SECURITY NO. 17.	INFORMANT	Addres	
	NO		Hospital Rec	ora	
	18. CAUSE OF DEATH [Enter only one couse per line i	for (o), (b), and (c).]	+1.0		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	vonic de	ar face	ure	I mo.
	DUE TO	-1	for A	isease	1444
	Conditions, if ony, which (b) NUA	Neusine	rear a	reeve	Jeus.
	couse (o), stoting the under-	-00-	2.00: ties		5 1100.1
Z	PART II. OTHER SIGNIFICANT CONDITIONS COT	TEMESTE TO DEATH BU	T NOT BELATED TO THE TERMIN	VAL DISEASE CONDITION CIVEN	IN PART 1(a) 19. WAS AUTOPSY
CERTIFICATION					PERFORMED? YES NO X
	200. ACCIDENT WAS UNDERLYING 20b. DESCRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	ED, (Enter noture of injury in P	ort for Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJU While at work [Not while fo	LACE OF INJURY (Home, form, scrory, street, office bldg., etc.	20f. (City or town)	(County) (State)
	21. I certify that I attended the deceased	from Feb.	1956, 10	and, 12, 196	that I last saw the decease
	alive an Jan 12 , 196	, and that deat	accurred at 725	PM, fram the causes an	d an the date stated above
1	10000	0		ADDRESS (Street, city or town, ste	
	SIGNATURE C.V. Myllur	ia	M.D. 4400	-44 ST N.U	U, 1-14-6
	PHYSICIAN'S C.P. RYLA	ND. MD.	Wask	neeglou 16	De
22	o. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or	
L	Burial 1/17/61		metery,	Washington.	
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	111 ///		RAR'S SIGNATURE
L	to touchas	n 1034	DATE JA	N 18'61 Cirl	1001 B. 100011
		4/9	MHC		

DEATH OF ATH	NE OF			
		-81A27001	, e e	
		15		
Mile Xell ad Artes				
			1	THE STATE STATE OF
and the same way to be a second of the same way and the same way to be				
			W TAN YOUR	12 and

10	CERTIFICATE OF	DE
3 1 2		

PLACE OF BEATH O. COUNTY MARYLAND O. COUNTY MONT gomery Maryland O. STATE Land O. COUNTY MONT gomery O. COUNTY MONT gomery O. COUNTY MONT gomery O. COUNTY Maryland O. COUNTY O		910		CERTI	FICA	TE OF DEATH	4		Reg. Dis	st. No.	66	903
B. CITY OR TOWN (If outside corporate limits, write RURAL and give necreal town) ROCKVILLE ROCKVIL	o COUNTY			MARY		o. STATE	here deceased		ion: Residen	ce befo	re admiss	
d. NAME OF HOSPITAL (If not in heapifol, give street oddress) 543 W. MONT gomery Avenue 6	RURAL and give nearest		s, write	c. LENGTH OF STAY	IN 1b			ate limits, write l				n)
OR INSTITUTION 3. NAME OF DECEASED (The origin print) 3. NAME OF DEATH (The origin print) 3. NAME OF DEATH (The origin print) 3. NAME OF DEATH (The origin print) (The ori		f nat in hasnital a	ive street	nddress)		200 00000			10		a IC DEC	IDENCE
S. MAR GO First Middle Lost 4 DATE DATE Day Year DEATH January 20, 1961 197 19	OR INSTITUTION			30010237			. Como m	Arronno	1		ON A	FARM?
5. SEX 6. COLOR OR RACE 7. MARKED NOTE MARKED SOLVER MARKED 6. DATE OF BIRTH Male White Whote Whose Whote Whose W	3. NAME OF DECEASED	Fire	it		1		4. DATE OF	Moi			у	Year
Male White WIDOWED DIVORCED 4/21/1895 65 775. Months Days Mours Min. 100. USUAL OCCUPATION (Give kind of work dane) 100. KIND OF BUSINESS OR INDUSTRY 11. BICHPLACE (Stole or foreign country) Mechanical Engineer W.S. Gov't. Mass. Robert H. Oakes FATHER'S NAME ROBERT H. Oakes S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 10. SOCIAL SECURITY NO. INFORMANT W. T. WILLIAM TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOSYS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOSYS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOSYS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOSYS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOSYS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOSYS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOSYS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOSYS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOSYS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOSYS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	10.				ED B.	DATE OF BIRTH	1	9. AGE (In years				**
190. USIAL OCCUPATION (Give kind of work dane) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY during most of working life, some if reliated U.S. GOV't. Mass. US 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPIACE (Stote or foreign country) 13. BIRTHPIACE (Stote or foreign c						4/21/1895	100		Months	Days	Hours	Min.
Mechanical Engineer U.S. Gov't. Mass. 12. FATHER'S NAME ROBERT H. Oakes 13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Ves WIT 1	10a. USUAL OCCUPATION (C	Give kind of work o	lane 10b.	KIND OF BUSINESS O	R INDUSTI		or foreign co	0.5	12. CITI	ZEN OF	WHAT	OUNTRY?
RATHER'S NAME ROBERT H. Oakes Standard Decrease Per In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT WW 1 Is. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c). DUE TO Conditions, if only, which gave rise to immediate couse per line for (b). DUE TO Conditions, if only, which gave rise to immediate couse (c), stoling the under: (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES ON ACCIDENT WAS UNDERLYING CAUSE OF DEATH (I) GITHER, NOTHY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (FUHLER, NOTHY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work				I.S. Gov't		Mass.			11	S		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address If year give war or down of service) 16. SOCIAL SECURITY NO. None Juanita H. Oakes - Item # 2				0.0.			NAME				61	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address If year give war or down of service) 16. SOCIAL SECURITY NO. None Juanita H. Oakes - Item # 2	Robert H. O.	akes				Mary Hun	ter					
None Juanita H. Oakes - Item # 2 Internal pose course per line for (o), (b), and (c).	15. WAS DECEASED EVER IN	U. S. ARMED FOR		SOCIAL SECURITY NO	. INF			Add	ress			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY. DUE TO Conditions, if only, which gove rise to immediate cause (o), stating the under lying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMEDY YES NO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED No While Not while of work	(11 /05,	give war or dates of se		one	Tu	anita H Oak		Ttom	# 2			
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 19 20d. INJURY OCCURRED While of work 20d. INJURY (Home, form, factory, street, affice bldg., etc.) 21. I certify that I attended the deceased fram. 19 20d. Injury occurred at 21 20d. Injury (Home, form, factory, street, affice bldg., etc.) 21. I certify that I attended the deceased fram. 19 20d. Injury occurred at 21 20d. Injury (Home, form, factory, street, affice bldg., etc.) 22. I certify that I attended the deceased fram. 19 20d. Injury occurred at 21 20d. Injury (Home, form, factory, street, affice bldg., etc.) 23. I certify that I attended the deceased fram. 19 20d. Injury occurred at 21 20d. Injury (Home, form, factory, street, affice bldg., etc.) 24. I certify that I attended the deceased fram. 19 20d. Injury occurred at 21	gove rise to imme cause (o), stating the unline cause lost.	diote DUE TO	DITIONS C	ONTRIBUTING TO DEA	ATH BUT N						PERFC	DRMED?
21. I certify that I attended the deceased fram 1958 to 700, 1961, that I last saw the deceased alive an 200, 1961, and that death occurred at 217 PM, fram the causes and an the date stated above ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S W. G. Hall - 615 W. Montg. Ave., Rockville, Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF PURPLEY OF CREMATORY Arlington National Arlington, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE Tyson Wheeler Funeral Home ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home	T 20- ACCIDENT WAS UN	AUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OF	CCURRED.	(Enter nature of injury in I	Port I or Part	II of item 18.)				
alive an	20c. TIME OF INJURY M Hour a.m. p.m.		While	Not while	20e. PLAC facto	E OF INJURY (Home, form ry, street, affice bldg., etc.	20f. (City	ar town)	(C	County)		(Stote)
Buffar (Specify) 1/24/61 Arlington National Arlington, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE Tyson Wheeler Funeral Home ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home	ACTUAL SIGNATURE	20	., 19 J	M Ha	elm.	occurred at ZUF	M, fram to ADDRESS (Str.	he causes ar	nd an the		stated	dabave
23. FUNERAL DIRECTOR'S SIGNATURE Tyson Wheeler Funeral Home ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 1 AN 2 5 61	220. BURIAL, CREMATION, 2 Burial (Specify)		F								(Stot	'e)
PARE TON TO PA TO A TOTAL CONTRACTOR A TOTAL CONTRACTOR AND A TOTAL	23. FUNERAL DIRECTOR'S SIG	NATURE Filipers 1	Home								RE	
				Pookuillo N	/arr-1	and DATE JA	AN 25 '6	1 0	rthun S.	Him	J.A.	

er death. Page 4 moy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremotian, or remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haw

TO HOSPITAL VS A15 (4) 15M 9/5B THE RESERVE OF THE PARTY OF THE A CONTRACTOR LOS MANAGES OF THE SECONDARY SECONDARY

VS A15 (4) 15M 9/55

Rockville, Ma.

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE	, 18
911	CERTIFICATE	OF DEATH	Reg. Dist. No.

1, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
o. COUNTY Maryland MARYLAND	o. STATE had, b. COUNTY houteau en
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest, lown)	c. CITY OR JOYN (If outside corporate limits, write RURAL and give peofest town)
Rockville 3913	09 Rockully
d. NAME OF HOSPITAL (If not in hospital, give streeh address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
(KONE)//7 Wood bu	ruld 119Woodburn W YES NO B
3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Year
(Type or print) Wary Winand	OBKIEN DEATH Jan 1961
7	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 10st birthddy) Months Doys Hours Min.
remale white WIDOWED DIVORCED	Dec 17, 1862 98 yrs.
10o. USUAL OCCUPATION (Give kind of work done during most/of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
1 torsonely	maryland. Viw.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Winand	1 2/13abell Gaule
[Yes, no. or unknown] [If yes, give war or dates of service]	NFORMANY Address
No I N	rany MITKIN 8/19Woodbyru
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSEL AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) O Card	eal hy arction Lines
420 - DUE TO	
Conditions, if ony, which gove rise to immediate (b)	, alheroscieros gent
couse (o), stoting the under-	
lying couse lost. (c) (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
TAN II. OTREC SIGNIFICANT CONDITIONS CONTINUE TO DEATH BUT	PERFORMED?
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	P. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	5
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m. P. m. 19 While Not while for work of work	ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from Januar	in 1960 to Dee 31, 1960 that I last saw the decease
alive an Dec 3 1, 19 60, and that death	1 . //1
	ADDRESS (Street, city or town, state) DATE SIGNE
SIGNATURE Jemu Chafan	No. Sug Viers Will Rd.
PHYSICIAN'S 7/1- P. C.	0 - 1 10 1
NAME (Type) 17 Erman 1, mapan 214	1 Codwells, his
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	
Burlar 1/3/01 Holy Rood	Washington, D.C.
Tyson Wheeler-1331 E. Montg. Ave.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Who wheeler-1331 E. Montg. Ave.	DATEAN 4 '61 arthur S. Hauch

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEND DES	HINGU NO S	HAD THE PLANT	A CALL
N 24 54 100 2 . 10			
	TIAN : 9		
		Department Crimer VIII	
		THE RESERVE OF THE PARTY OF THE	
			CONTRACTOR OF THE PARTY OF THE
	- Jan 17 June 1		
		11.25	
		***	that the mountain

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any desserve, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of The Ith, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Q12 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0.0905

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission)
1/	Montgomery MARYLAND	Mariland Bantonners
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II outside corporata limits, write RURAL and give nearest town)
-	write RURAL and give nearest town)	
1	akoma fark DOA	Hyattsville
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
12	Vashington Janitarium and Hospita	1 3311 Standard Street YES NOR
3.	NAME OF / First Middle	Last 4. DATE Month Day & Year
	(Typa or print)	0'1/6: 11 DEATH J. 29 37 10 6 1
5	GEORGE TIMOTHU	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	SEX 6. COLOR ON RACE 7. MARRIED NEVER MARRIED	M last birthdey) Months Days Hours Min.
1	Male White WIDOWED DIVORCED	1112. 7 × 1904 5 / vr.
10	va. USUAL OCCUPATION (Give kind of work LIDE, KIND OF BUSINESS OR INDUS one during most of working life, even if ratired) USUAL COMMISSION	TRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
12	countant COMMISSION	Mashington D.C. U.S.A.
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME BETT.
1	1 011/1/	Ti Provide M
19	george O'Neill	+da wette Moore
	(as no or unknym) ([fyasniyawarordalasofsenvica]	INFORMANT Address 3311 Stanfords
	NONE M	5. Laura B. D'Neill Huntls wille. Mr.
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	declusion ONSET AND DEATH
	A CADE OF CADE	o correct participation of the correct partic
	DUE TO	
	Conditions, if eny, which (b)	
	gava risa to immadiata causa (a), stating the undarlying DUE TO	
	causa last. (c)	
z	ALAT II OTHER CICARICANT COMPITIONS CONTRIBUTING TO BEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
은		PERFORMED?
15		YES NO 💢
CERTIFICATION	2Db. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	(Entar nature of Injury In Part I or Part II of ilem 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. Pl	LACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. Whila Not Whila fe	actory, streat, office bidg., etc.)
×		
	21. I certify that I took charge of the remains described above, I	held an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes X, Accident , Su	icide , Homicide , Undetermined manner
	1 1 1 1	CHIEF MEDICAL EXAMINER
	ACTUAL TO A BOOKERS	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
	SIGNATURE SECURITY	M.D.
1	EXAMINER'S FLANK J. Broschal	
22	a. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, Jown, or country) (State)
	BURIAL (Spacify) 2/2/61 GEO. WASH. CE	METERY PRINCE GEORGE COUNTY, MD.
2	3 L-TAINPRANTER TOR DUNATURE TO ADDRESS.	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	STIVER SPRIN	NG MD
1	Laymond W. Justa.	DATE FEB 6 '61 Ciriling S. Krous

THE PERSON

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 913 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		913 MEDICA	L EXAMINER'	S CERTIFICAT	TE OF DEA	TH Reg. Dis	it. No. 66906
		LACE OF DEATH COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (V		COUNTY	nce before admission)
	ь	o. CITY OR TOWN (If outside corperate limits, write EURA) and give nearest town) Always Chare	c. LENGTH OF STAY IN 16	1	outside corporale lin	nits, write RURAL and	give neorest town)
	d	1. NAME OF HOSPITAL OF INSTITUTION (IF not in hos 4/05 Stanford ST	pital, give street address)	d. STREET ADDRESS 1620 West	side High	hway	e. IS RESIDENCE ON A FARM? YES NO []
	-(NAME OF PICE ASED Type or print)	M. Middle Re	, lost	4. DATE OF DEATH	Month	Day Year
	5. S	male whit WIDOWER	DIVORCED [5-16-189	9. AGE last bird		YEAR IF UNDER 24 HRS. Doys Hours Min.
	3ů	. USUAL OCCUPATION (Give kind of work done 10b. K uring most of working life, even if refired) SINESS Prop Retired	- Laundry	Chio		12. CITIZ	EN OF WHAT COUNTRY?
		David Allen Peairs			Drennan		
	15. fYes.	no, or unknown) [(If yes, give wor or dates of service)		nformant Daugh s.Ronald C		Same as	Item #1
		18. CAUSE OF DEATH [Enter only one cause per line PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).	elusion			INTERVAL BETWEEN ONSET AND DEATH TELL dead
		Conditions, if ony, which gove rise to immediate cause (a), staling the underlying course lost.					in fath
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CC	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
	CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED.	Enter noture of injury in Por	t I or Port II of item 1	8.)	
	MEDICAL	Hour a.m. While		CE OF INJURY (Home, form lory, street, office bldg., etc.	20f. (City or town)	(Cour	nty) (Stote)
		21. I certify that I took charge of the r death resulted fram: Natural causes			,,	an 🔀; Inquiry nined cause 🔲.	, and find that
		ACTUAL SIGNATURE FRANK J. Br	berhait	M.D. CHIEF MEDICAL EX	_		DATE SIGNED
		EXAMINER'S FLANK J. B	hoschart	ASSISTANT MEDICAL	EXAMINER (-0	11,1961
В	ır	BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) Lal-transit 1-12-61	Longview Me	m.Park Cem	-	z County	
		FUNERAL DIRECTOR'S SIGNATURE OBERT A. PUMPHREY	Bethesda, M		AN 13 '61	4b. REGISTRAR'S SIG	

VS. AISME(5) 5M 9/55

ar removal.

	ECTIFICATE OF PEATH		
	90.00		
		Angelier - Take 2	THE PARTY OF THE
P. 3.211.0-71.1-71.1-71.1-71.1-71.1-71.1-71.1-			
	The second stole on a		
N. S.	Carrier of the second		
•	of mail feet has here		
			Part of Barrier

TH

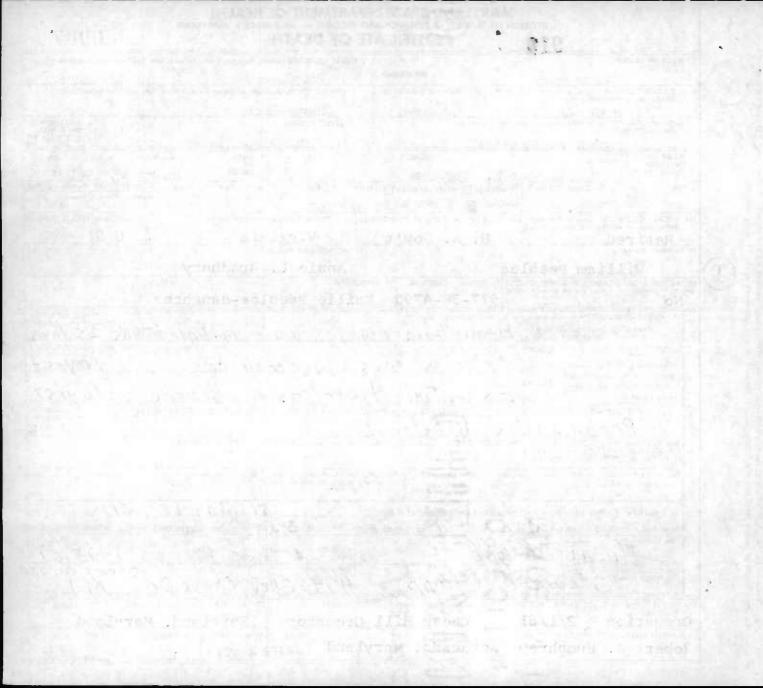
4	•	CERTIFIC	CATE	OF	DEA.
54					

CROUT

914	CERTIFICA	TE OF DEATH		60000
1. PLACE OF DEATH a. COUNTY	MARYLAND	o. STATE	ere deceased lived. If institution b. COUNTY	
Montgomery		Marylan	- 65	Montgomery
b. CITY OR TOWN (If autside carporate limits, v RURAL and give nearest tawn)		54	outside corporate limits, write RUF	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	1 25 days street oddress)	d. STREET ADDRESS	ase	e. IS RESIDENCE ON A FARM?
Suburban Hosp	itel	1/222 Oak F	didge Lane	YES NO
3. NAME OF First DECEASED (Type or print) To it who to me.	Middle	Last	4. DATE Month OF DEATH Tomason	-d 30/3 30
Tersiron		B. DATE OF BIRTH	o allucit	TY 28, 1961 19 FUNDER 1 YEAR IF UNDER 24 HRS.
	MARRIED NEVER MARRIED	B. DATE OF BIRTH	lost birthdoy)	Manths Days Hours Min.
19	DOWED DIVORCED	8/22/83	77 yrs.	
 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	106. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY?
Retired	U. S. Gowit	Virgi		US
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
William Peeble	S	Annie L.	Bradbury	
S. WAS DECEASED EVER IN U. S. ARMED FORCES		NFORMANT	Addres	is
(Yes, no, or unknown) (If yes, give war ar dates of service No	577-38-4790	Emilie Peeb	les-daughter	
1B. CAUSE OF DEATH Enter only one couse	per line for (a). (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Henrindalia	ight some	e multiple ai	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Temipiegia, r	19111, DEVER	e, mullipleal	19ERS 25 CAYS
334 X DUE TO	1 +		11 1	1011 - 1
Canditians, if ony, which (b)	Arienjoscier	osis, gener	ralised	101157
gave rise to immediate ouse (a), stating the under-	r + 1 1	1. 1		14
lying cause lost. (c)	= SSENTIAL /	y y per I ch si	on, severe	104151
PART II. OTHER SIGNIFICANT CONDITION TO THE PREUMONITY	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
Phelimoniti	5 bilatera			YES NO
	. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II af item 18.)	
20g. ACCIDENT WAS UNDERLYING 20L OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTH MEDICAL EXAMINER)				
	20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form	, 20f. (City ar tawn)	(County) (Stote)
Hour o. m.	AAUUE AAOL MUUE	actory, street, affice bldg., etc	.)	
≥ p. m. ''	at work ot wark		5/ 10, AR	11
21. I certify that (I) (this haspital) a	ttended the deceased fram.		31, to Van 21	_, 1962, that (I) (we) last
saw the deceased alive an Ja	12 1961 and that	death accurred a	M, fram the causes and	an the date stated above.
220. SIGNATURE	-00	ATTENIDING A AT	ED STAFF	22b. DATE SIGNED
Millian M.	UB-B	M.D. PHYS. DI	ED. STAFF RECTOR PHYS.	1.71.61
22c. PHYSICIAN'S NAME (Type)	Wal	22d. ADDRESS		Cheuy Chas
STEWARI	Clapp	4740 CM	evy Chase Dr	n Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tawn, or	caunty) (State)
Cremation 2/1/61	Cedar Hill			Maryland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE
Robert A. Pumphrev	Bethesda, Man	bae free	D 0 106	
10001 b 116 2 only 111 cy	2001121011, 1101	DATE FE	B 2 '61 Car	Ent & Track

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours ofter death. death. Page 4 ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs TO HOSPITAL C

VR A15 (4) 1SM 9/59



y the funeral director,

death. Page 4

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 915

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY D • C •
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
*Takoma Park 58 hR.	N.W. Washington, D.C. 47X
d. NAME OF HOSPITAL (If nat in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
WAShington SAN itarium & Hospital	8229 E. Beach Drive,
3. NAME OF First Middle	plast 4. DATE Month Day Year
DECEASED (Type or print)	FERLIS DEATH LANGERY 15 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED .	B. DATE OF BIRTH 9. AGE/In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	(1210, 13, 19/01 yrs. 2- 10
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working me, even it femoly	Maryland 21.5, 19.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marin Flight Perlis	Fdith (Nima) Plotosick
	NFORMANT Address
(Yes, no, or unknown) (If yes, give war or dales of service)	father
18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
BART A PEATH WAS CALLED BY	OF NEWBORN ONSET AND DEATH
IMMEDIATE CAUSE (6)	OF HEWBORN
DUE TO	
Canditions, if any, which gave rise to immediate (b)	2117
couse (o), stoting the under-	
lying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES ☐ NO 😿
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II af item 18.)
0	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Haur o.m. P. m. While Nat while at work at work	actory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased frame	JAN 13 1001, to JAN 15 1901, that (1) (wa) last
saw the deceased alive an 14 N/11 19 61, and that a	death accurred at Q^2.M, from the causes and an the date stated above.
At a no Cal	ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 1961
NAME (Type)	3829 PLYERS MILL ROAD KENSINGTON MI
Stanley Gould, M. D.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
Cremation 1-15-61 Washington S	Samitarium & Hospital, Takoma Park, Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Robert A. Hare, M. D. Washington San& H	Pospital DATE AND 1 7 161 C -1 of & House
2115323XVI	Water and the second se

THE SHAREST WANTED SAN SEE decade that a war indicate and the properties that the state of the st Send the send of the first countries were and the send of the countries of

VS A15 (4) 15M 9/55

. MARYLAND		ENT OF HEALTH	-BALTIMORE	, 18	000000
916	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.	66969
1. PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	ere deceased lived. If inst b. COU		e admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, wri	te RURAL and give nea	rest town)
d. NAME OF HOSPITAL (If not in hospital, give street of Natification At home - 4502 Avam		d. STREET ADDRESS	1 VA MERE	57	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle S	PERRY	4. DATE OF DEATH	Month Day	Year 0 1961
5. SEX 6. COLOR OR RACE 7. MARR	HED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In ye lost birthdo	Annual Months Days	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote			F WHAT COUNTRY
13. FATHER'S NAME Her He	emdow	14. MOTHER'S MAIDEN N		elismo	7.74
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	2	NFORMANT OF		Address 02 alaa	raese S
18. CAUSE OF DEATH [Enter only one couse per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. [c]	1	Arterioseli	erotic Hear	rt Dis	RVAL BETWEEN ET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS C					P. WAS AUTOPSY PERFORMED? YES NO 2
(IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.		
20c. TIME OF INJURY Month, Day, Year Hour o. ft. While p. m. 19 of work	Not while to	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or town)	(County)	(State)
21. I certify that I attended the decease alive on 19. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 9. J. Bre	ed from Apri L,, and that death man		M, from the cause ADDRESS (Street, city or to		
220. BURIAL, CREMATION, Page 22b. DATE THEREOF CEMOVAL (Specify) 2.2.6	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, low	ry or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE WHAT Funeral Hou	ADDRESS 12 2	a lle live	BY REGISTRAR 24b. R	arthur S. He	

58, 5r0 get			**
			DESTRUCTION OF BUILDING
			111111111111111111111111111111111111111
100 mg/s			
A STATE OF THE PARTY OF THE PAR		3000	
	The state of the s		10 2 2 mg
	A STATE OF THE STA	Section 1	anian armin dan
CONTROL CONTROL			A COM IS NEW TO A CO. IN
			THE RESERVE THE PARTY OF THE PA
			area yang permakan
			party years 1 percent 1.2 described of the control and the percent control described on the control
			party years 1 percent 1.2 described of the control and the percent control described on the control
			party years 1 percent 1.2 described of the control and the percent control described on the control
			Large year 1 Janes 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
			The second secon
			Debantis I I. Spylipes I. I.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY filed MARYLAND b. CITY OR TOWN HE offside corporate Umits, write CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b pe RURAL and give nearest tawn) shauld Silver Spring Bethesda d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS 24 3003 Woller Road Suhumban ond 2 NAME OF 4. DATE First Middle Last Manth filled DECEASED DEATH Pages (Type ar print) death Petherbridge Jan IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. SEX 6. COLOR OR RACE campletely Manths ofter DIVORCED | WIDOWED [papers. TO USUAL SCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? hours during mast af warking life, even if retired Maryland 13. FATHER'S NAME HOUSEWIFE oup pan 14. MOTHER'S MAIDEN NAME within 200 physician Charlie Burch Josephine Walter remove 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address event, Husband (Edward) same as above No attending please any 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the **DUE TO** Munon by remaval, Canditions, if any, which permit. (b) signed gave rise to immediate DUE TO cause (a), stating the underlying cause last burial-transit been 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS'S PREFORMED? cremation, 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) 20c. TIME OF INJURY Day, 20d. INJURY OCCURRED factory, street, affice blda., etc.) a. m. While Nat while at wark at wark 21. I certify that (1) (this haspital nottended the deceased from detached saw the deceased alive on and that death occurred at 4 M, fram the couses and on the date stated above. tay be retained by the FUNERAL DIRECTOR: 22a. SIGNATURE ATTENDING PHYS. MED. STAFF PHYS. of o pe M.D. 22c. PHYSICIAN'S 22d. ADDRESS 3 shauld NAME (Type) DATE THEREOF 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 2 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR REGISTRAR'S

ILLINOIS AVE NEW BATE

VR A15 (4)

15M 9/59

e. IS RESIDENCE ON A FARM?

Day

Days

(Caunty)

YES NO

Year

19

Haurs

U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

YES NO

(State)

IGNED

State

contain endirecom CERTAIN SER SHE WEST AND AND THE

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 918 CERTIFICATE OF DEATH OCCUPANTIAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		PLACE OF DEATH O. COUNTY MON'	IGOMERY		MARY	LAND	2. USUAL RESID a. STATE	ARYLA		d lived. If institution b. COUN	Th 4	NTGO:		
)	Ł	o. CITY OR TOWN (IF RURAL and give ned KEN		its, write	c. LENGTH OF STAY 3 months	IN 1b			SPRI	orate limits, write	RURAL ond	give nec	rest town	1)
		d. NAME OF HOSPITA OR INSTITUTION ensington		0.00			d. STREET AD		VILLE	ROAD				FARM?
Ò		NAME OF DECEASED (Type or print)	MENZIE	rst	Middle	1	Last PITT		4. DATE OF DEATH		onth .	Do 9	/	Year 19 61
	S. S	MALE	6. COLOR OR RACE WHITE	7. MARR	RIED NEVER MARRIE	_	11/23/8	_		9. AGE (In yeo lost birthdoy 78) Months	R 1 YEAR Days	Haurs	R 24 HRS. Min.
		. USUAL OCCUPATION during most of working. Foreman	ng life, even if retired	L Bur	reau of Eng Printing	R INDUS	mari -		ar fareign o			U.S.		OUNTRY?
1	13.	GEORGE PI	TTMAN	71			14. MOTHER'S VALLO							
1	1S. (Yes	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war ar dates of t		NONE		FORMANT s. Elair	C. F						34
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y, which mediate	(a) (L) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ne far (a), (b), and (c).	suf	Pnei	eigen	onie	2-		ÖNS	ET AND	DEATH
	CERTIFICATION		(ar	CONTRIBUTING TO DEA	0	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION (GIVEN IN PA	RT 1(a) 1	PERFO	AUTOPSY PRMED?
		20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED). (Enter nature af	injury in f	Part I ar Par	t II af item 1B.)				
	MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Month, Day, Ye	ar 20d. II While of wor		20e. PLA foc	CE OF INJURY (Flary, street, affice	lome, form bldg., etc.	, 20f. (City	y ar tawn)		(Caunty)		(State)
		saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S	(C)	jar	ded the deceased 11961, and Aud	that d	ATTENDING PHYS.	at 935	ED. RECTOR	STAFF	and on th	l/	stated	SIGNED
		BURIAL, CREMATION REMOVAL (Specify) BURIAL	1/13/61	OF	23c. NAME OF CEME	LN C	EMETERY		PRIN	TION (City, town	COUNT	Y, M		
	24.	FUNERAL DIRECTOR'S WARNER E.	a a Bi	INC.	ADDRESS	SPRI	NG, MD.	DATE A	1 6 '6		GISTRAR'S S	4.4		

Tiens 2			
2000038440			
	CAMP PARTIENTO APPRO	The state of the s	
	all property and the second		
	5 47 7 12		
	the other account 1979	THE STATE OF THE STATE	40
1/4/3			
• *	TO THE PERSON OF	THE RESERVE OF STREET	
MARKEN PROCESS		e under und geweicht.	10.7

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

66912

	1707	TO HE WILLIAM				
1. PLACE OF DEATH o. COUNTY Montgome	ry	MARYLAND	2. USUAL RESIDENCE (W. o. STATE New Jersey	ь.	If institution: Resident COUNTY	ce before admission)
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limit	s, write RURAL and g	give nearest town)
Bethesda		79 days	Waldwick		(7X-3	
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospitol, give stre N	eet oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
The Clin	ical Center, Be	thesda 14, Md.	58 Waldwid	k Avenue		YES NO
3. NAME OF DECEASED (Type or print)	First Hazel	Middle Florence	Last	4. DATE OF DEATH	Month	Day Yeor 28. 1961
S. SEX		ARRIED NEVER MARRIED			In years IF UNDER	1 YEAR IF UNDER 24 HRS.
Female		WED DIVORCED	November 3. A	loss loss b		Days Hours Min.
100. USUAL OCCUPAT	TION (Give kind of work done 10	Db. KIND OF BUSINESS OR INDU		e or foreign country)		ZEN OF WHAT COUNTRY?
Housewife	orking life, even if retired)	None	New .1	lersey	More Est	U.S.A.
3. FATHER'S NAME		110110	14. MOTHER'S MAIDEN			UNDAC
Harry Mon	ngan		Margaret M	Marmi can		
S WAS DECEASED EV	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I		iical Recor	Address	
NO or unknown]	(If yes, give war or dates of service)		1 1 1 CO TABLE	ilcal kecor	a ala 11.	Marmal and
Tre CAUSE OF DE	EATH Enter only one couse per	r line for (a) (b) and (c) 1	ne Clinical, Co	enter, bett	lesoa III.	INTERVAL BETWEEN
7 Page 1 Tour All 1 1 Co.			4.4 4 .			ONSET AND DEATH
401	IMMEDIATE CAUSE (a)	aphlococcal Sep	ticemia			6 Days
126.	3 DUE TO					
Conditions, if		lymyositis Of U	nknown Cause	LEAL LEADING		3 Years
gove rise to couse (a), stoting						
lying couse lost					I file and the	
PART II. O PART II. O 20g. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERA	MINAL DISEASE CONDI	TION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	WAS UNDERLYING 20b. D NG CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Part II of ite	m 1B.)	
20c. TIME OF INJU). Wh		LACE OF INJURY (Home, far actory, street, office bldg., et	rm, 20f. (City or town) (0	County) (State
21. I certify th	not (I) (this hospital) atte	ended the deceosed from 28 19 61, and that	death occurred at 7:2	60 to Janua 20PM My Fram the ca	ury 28, 1960	1, that (I) (we) last date stated abave
22o. SIGNATURE		uns	M.D. PHYS.	MED. STAFI		
22c. PHYSICIAN'S NAME (Type)	Robert P. Levi	ne M.D.		nical Cente		al Institute
23a. BURIAL, CREMAT	ION. 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (Ci		(State)
REMOVAL (Specif	1 1 70 6	l Marvrest	Cemetery.	Darlin	gton, Ne	w Jersey
24. FUNERAL DIRECTO		ADDRESS	25a. REC		25b. REGISTRAR'S SIG	
ROBERT A	. PUMPHREY	Bethesda,	Md. DATE	FEB 2 '61	Cirthun 2	1. Thomas

TO HOSPITAL O VR A15 (4) 15M 9/59 HIAD IO HADRISH

2169

state of the state the States Compey, Seriege 18, and T SE states Evens Al grants the service locates leading 15 to the control of the second secon All and the second seco The Edward Co. Of reduction of the control of the c 10/07/10/22 The state of the s

MORRET A. PUBLISHED SOTREBUR, NO.

death. Page 4

TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		920		CERTI	FIC.	ATE OF DEATH			Reg. D	ist. No.	(, (,	913
1.	PLACE OF DEATH COUNTY Montgomes	ry		MARY	AND	2. USUAL RESIDENCE (Who o. SIATE Virginia	ere deceased	l lived. If institution b. COUNTY		nce befo		sion)
	b. CITY OR TOWN (1) RURAL ond give no	f outside corporate limi	s, write	c. LENGTH OF STAY	N 16	c. CITY OR TOWN (If or	stside corpor	ote limits, write R				n)
	Bethesda			80 days		Arlington				3	13	X=
TT.	OR INSTITUTION	AL (If not in hospital, g				d. STREET ADDRESS	. n	7 01			ON	SIDENCE A FARM?
_		al Center,			l.	1919 Nort					YES _	NO 🔯
J.	NAME OF DECEASED (Type or print)	Fir Man	ie	Middle France		Pote	4. DATE OF DEATH	January		8		Year 1961
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D 🔯	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)				ER 24 HRS.
F	emale	White	WIDOW	ED DIVORCED		June 20, 191	3	17 yrs.	Months	Days	Hours	Min.
100	USUAL OCCUPATIO	ON (Give kind of work or king life, even if retired	one 10b.	KIND OF BUSINESS OF	R INDU	STRY 11. BIRTHPLACE (State of	or foreign co	untry)	12. CI	TIZEN C	F WHAT	COUNTRY
I	lanagement			.S. Governm	ent	New York	k			U.	SA.	- 14 15
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
) A	rthur Pote	е				Anna McKer	nna					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. II	NFORMANT The Med	ical F	Record Add	ress	3,631		
	0	in yes, give war or dollar or t		72-32-4822		e Clinical Cer				Mar	ylar	nd
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which (b) mmediate	J	ne for (o). (b), ond (c).] Iremia ensive meta:	stat	ic disease				ON	La ye	eks eks
	lying couse lost.	(c	Ade	nocarcinom	a of	breast				3	1 2 3	years
CATION	PART II. OTH	IER SIGNIFICANT CON	OITIONS C	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFC	AUTOPSY ORMED?
CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRE	D. (Enter noture of injury in Po	ort I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJUR' Hour o. m. p. m.	Y Month, Day, Yeo	While of wor	Not while	20e. PL/ foc	CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City	or fown)		(County)		(Stote)
	actual signature		., 12_ ef/	3- Laz		occurred at 10:45	AM, from DDRESS (SHICAL CE	the causes a reet, city or town,	nd an 1 stote)	the da	te state	deceased ed abave ATE SIGNES
220	BURIAL, CREMATION REMOVAL (Specify)	1 . / /	61	22c. NAME OF CEME	1			ION (City, town, o	or county)	/	May (Stot	le) Hes
23.	FUNERAL DIRECTOR'S	STÉNATURE		ADDRESS 475-H	7)	Thank 240. REC'D	BY REGIST	RAR 24b. REØ15	TRAR'S SI	GNATUE	RE	Jan 1

TO HOSPITAL O VS A15 (4) 15M 10/57

	THE SEATING	ADDITION	
	21 45 mm		
	Man No Me III - 5 7		
		e	
		15	
		di tre	SUBMITTED AND STATES
		HENRY AND CO.	
e			
	30 may 21 0	to the street	
		En de altre deservi	
		En de altre deservi	

921

CERTIFICATE OF DEATH

66914

A)	a	LACE OF DEATH . COUNTY Montgomen		MARYLAND	Pennsylvania		
	b	CITY OR TOWN (II RURAL ond give ne	foutside corporate limit arest town)		And the second second second	outside corporate limits, write RURAL and	give nearest town)
- 33		Bethesda	A1 (18 a) - b 'a-1)	4 days	Vandling	7	e. IS RESIDENCE
0	0	or institution The Clin:	al (If not in hospitol, gi ical Center	, Bethesda 14, Md.	d. STREET ADDRESS 308 Main St:	reet	ON A FARM?
	3. N	IAME OF ECEASED (ype or print)	Fin Barb	st Middle	lost Pribula	4. DATE Month OF DEATH January	Doy Year 9 1961
	5. S	EX	6. COLOR OR RACE	7. MARRIED A NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
	F	emale	White	WIDOWED DIVORCED	December 28,	1928 32 yrs. Months	Days Hours Min.
	10a. He	USUAL OCCUPATION during most of work OUSEWIFE	DN (Give kind of work of ing life, even if retired)	lone 10b. KIND OF BUSINESS OR IND None	Pennsyl	vania	U.S.A.
1		ATHER'S NAME			14. MOTHER'S MAIDEN N		
1	J	oseph Foti	isky		Eva Daytor		
	N	no, or unknown)	R IN U. S. ARMED FOR(If yes, give war or dates of se	169-24-3316		ical Record Address enter, Bethesda 14,	
				Congestive Heart	Failure		onset and death
		Conditions, if or gave rise to it couse (a), stoting	ny, which (b)	Mitral Stenosis,	Mitral Insuff:	iciency	?
		lying couse lost.	(c)	Rheumatic Heart I	Disease		?
)	FICATION			DITIONS <u>CONTRIBUTING TO DEATH</u> BL	IT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES K NO
OC.	CERTI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of item 18.)	
	MEDIC	Hour a.m. p.m.	Y Month, Doy, Yeo	While Not while of work of wark	PLACE OF INJURY (Home, farm octory, street, office bldg., etc		(County) (State)
Y		saw the deceas	t (I) (this hospital ed alive on Jan) attended the deceased fram uary 9 1961, and that	January 5 19	61, to January 9, 196	
1		220. SIGNATURE	860. B	andred	M.D. PHYS. DI	ED. STAFF PHYS.	1/10/61
		22c. PHYSICIAN'S NAME (Type)		Brandriss, M.D.	Institutes	Clinical Center, of Health, Betheso	National da 14, Md.
13	230.	BURIAL, CREMATIO	N, 23b. DATE THEREO 1/14/61	St. Agnes		Susquehanna Co	
	24.	Robert	s SIGNATURE A. Pumphr	ey Bethesda, N	faryland DATE JA	D BY REGISTRAR 256. REGISTRAR'S S	IGNATURE Results

er death. Page 4 TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by the haspital ar attending physician.

VR A1S (4) 1SM 9/59 and the country of th The state of the s THE PARTY TARES IN THE PARTY IN The state of the s

Design of the state of the state of the state of

 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

0	R
De riled with	M
D C	
spania	100
4	1
Duo	(w) .
-	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 922

Reg. Dist. No. 66915

	1. PLACE OF DEATH o. COUNTY Montgomery	7	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. STATE b. COUNTY Washington									
		f outside corparate lim	its, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hagerstown						3	
1	d. NAME OF HOSPITA	AL (If not in hospital,	ive street	1		d. STREET ADDRESS e. IS RESIDENCE						IDENCE	
d	OR INSTITUTION The Clinic	cal Center	Ret	hesda Il. M	d.	434 Je	ffers	on St	reet.		531	ONA	FARM?
1	3. NAME OF	Fi		Middle	4	lo		4. DATE	Mo	- th	-		Year
	(Type or print)	Car	_	Lynn		Pri		OF DEATH			De	,	19 61
	5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	E	8. DATE OF BIRT	Н		9. AGE (In years		R 1 YEAR	IF UNDE	R 24 HRS.
1	Female	White	WIDOW	ED DIVORCED		January	8, 19	958	lost birthday) 2 yrs	Months	Days	Hours	Min.
1	10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHP	LACE (Stote	or foreign c	ountry)	12. C	ITIZEN (OF WHAT	COUNTRY
1	Child	ing me, even ir remed	,	None		Ma	rylan	d			U.S	5.A.	
1	13. FATHER'S NAME					14. MOTHER'S							
1	Harold H.	Price				Barba	ara De	Gran	ge				
Ì	15. WAS DECEASED EVER			SOCIAL SECURITY NO.	17. H				Record Ad	dress			
1	No	ir yes, give wor or ourse or	ervices	None					Bethesd		Man	rylan	d
	Conditions, if or gove rise to in couse (o), stoling I lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c Ty, which nmediate the under-	Acut	ne for (o), (b), and (c).] Le pulmonary Le lymphatic CONTRIBUTING TO DEAT	le	ukem ia					1	year	DEATH
	CATIC			CRIBE HOW INJURY OC								PERFO	NO _
1	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)											
	20c. TIME OF INJURY Hour e. m. p. m.	Y Month, Day, Ye	or 20d. I While of wor	Not while	Oe. PLA	CE OF INJURY (tory, street, offic	Home, form e bldg., etc.	, 20f. (City	or town)		(County)		(State)
	actual SIGNATURE PHYSICIAN'S NAME (Typo) JE.	PHYSICIAN'S National Institutes of Health Name (Type) JEROME B. BLOCK, M.D. Rethesda 14, Maryland											
	REMOVAL (Specify)	1/9/1961		Rest Have					erstown.	or county)		(Stote	
	23 FUNERAL DIRECTOR'S		il Ho	ADDRESS			240. REC'I	D BY REGIST	RAR 24b. REG	ISTRAR'S SI	IGNATU	ų.	

TO HOSPITAL OI VS A15 (4) 15M 10/57

		CERTIFICATE OF DEATH	
		the state of the s	
		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	May 2		
		and the same of the state of the same of t	
The control of the co			
		And the first section and the first section of the first section and the first section a	

1 FOR STATE	te	ms 18421 Film 279 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR 924 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	RYLAND
HEALTH DEPT	-	323	4440
ecessary, tor. Page ur files.	1	PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (il outside corporate limits, write RURAL and giva naarest by n) c. LENGTH OF STAY IN 1b	
nector if for your Board of the sand of th		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
the funeral retained f ne State B death.	3.	NAME OF NAME OF First First Posp Middla Last OF DECEASED (Type or print) Posp DECEASED (Type or	YES NOAS
death. I nd 3 to 1 nay be with th rrs after	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) Months Dave	IF UNDER 24 HRS. Hours Min.
s 1, 2, au age 5 n 1 and 2 72 hou	100	a. USUAL OCCUPATION (Giva kind of work and of work and of work and of the standard of the stan	OF WHAT COUNTRY
24 houve Page PM3. P	13.	FATHER'S NAME POSCUE COST NOTHER'S MAIDENNAME ETTEAbeth	S.П,
tem 18. Giv with form P with form P permit. Eile any event		. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address yes Mr. Claude Princip	
ncil in Item 1 along with Iransit perm		18. CAUSE OF DEATH [Enter only ona causa par lina for (a), (b), and (c).)	ITERVAL BETWEEN NSET AND DEATH
hould be " in per Office burial-l moval,		Conditions, if any, which gave rise to immediate cause	
ficate s ending miner's ed as a		(a), stating the underlying DUE TO causa last. (c)	
is certification of the call Example of the use emation	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	YES NO
NER: The ing the waief Medical 3 should but the butter but		2Da, EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of Itam 18.)	
writing, writing, writing, he Chie	MEDICAL	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County)	(Stata)
CAL Estificate ded to the ECTOR		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	d in my opinion
MEDIC ite the ce forward IL DIREC	1	SIGNATURE M.D.	DATE SIGNED
DEPUTY Masse execute should be for PUNERAL its designate	220	EXAMINER'S NAME (Type) Surial, CREMATION, 1 22b. Date THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 1 22d. LOCATION (City, town, or country) 1 22d. LOCATION (City, town, or country)	(State)
DEP please 4 should TO FUN or its d	228	BURIAL PRINCE GEO. COUNTY,	MD.
VS. A15ME 5M 7/59	3	HINER DIRECTORUMPHREY JINC SILVER SPRING, MD. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAT LAND JAN 17'61 Onchus & Ku	
9	-		

something the street and Mentarore equation of mane massive massive the series do Cyles har sen I Hospit William La sate Fine St. Dang of Final both thronogen 1997 the day of the while stemen The second of th Acres Wife of a confirm + C - Larry Visson Marie and teren Granan A) and Provided Mar Stande Principe THE REST OF THE PROPERTY OF TH

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

924 CERTIFICAT	E OF DEATH	66311
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institut	ion: Residence before edmission
Montsomery Maryland	e. STATE b. COUNTY	nontagmers
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	7 7 7
Takoma fark 27 days	34010	1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Washington Sanitarium + HUSDITEI	12609 Littleton St.	ON A FARM?
3. NAME OF () First Middle	Lest 4. DATE Month	Dey Yeer
(Type or print) James (NMI)	Danisala DEATH Jan.	7 19 61
	8. DATE OF BIRTH 9. AGE (In years IF UN	
Male IN WIDOWED DIVORCED	11 - 19 - 85 last birthday) Mont	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	11 - 1 - 0 - 10 /	C. CITIZEN OF WHAT COUNTRY
done during most offworking life, even if retired)	C - 1 - 1	1
Merchent-Owner Riggs Market 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Imer.
1 O	14	
Hlexander Ramsay	Mary unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	INFORMANT	
No none	Hospital Records	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (6)	· cilure	16 Mours
420 . Q DUE TO		200
Conditions, if eny, which) (b) Corondry Or	ellision	a / Days
gave rise to Immediate cause (e), stating the underlying DUE TO	L. 11 + 1	11. 1. 2000
(c) 1/1 (e) 1/2 (e) 105 (e) 1	To Heer Useese	Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPSY PERFORMED?
13 Brouchopheumonia and C	phoestive Neart Fature	YES NO
	D. (Enterneture of injury in Pert I or Pert II of item 18.)	
20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING □ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURE 0 CONTRIBUTING □ CAUSE OF DEATH 10 CONTRIBUTING □ CAUS		
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PL.	ACE OF INJURY (Home, farm, 20f. (City or town)	(County) (Siele)
at week at the state of	ctory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	12-11 1960 to 1-7	, 19.6/, that (I) (we) la
saw the deceased alive on	12 - 4/4/	
saw the deceased alive on	if dearn occurred arm. M.M. from the causes and	22b. DATE
1 The state of the	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	1-7-11 SIGNE
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	/-/ 6/
NAME (Type) Stuart L. Nelson		
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or	county) (State)
REMOVAL (Specify)		
BURIAL 1/10/61 FT. LINCOLN (JEMETERY PRINCE GEO. COUN 250. REC'D BY REGISTRAR 25b. REGISTRA	
ADDRESS ADDRESS ADDRESS SILVER SPRING.		

the september of the Charles - W - W the porting to river to your TS Acad Select M Was England Smith man House to Car Early St. St. STATE OF STATE OF THE DESCRIPTION OF THE PARTY OF THE RESERVE OF THE PROPERTY OF Property to the state of the st the same of the sa Library Sale Valley Color STATE OF THE PROPERTY OF THE P THE REPORT OF THE PROPERTY OF THE PARTY OF T

VS A15 (4) 15M 9/58

Ψ-	-
dir	Ď
ero	e a
fu	000
the t	Sug
6	9
. <u>.</u> .	0
llec.	3
y to	מ
plete	Š
mo:	od be
by the attending physician and completely filled in by the funeral direction	int. Then piedse remays carbon papers. ruges I ond & shauld be filled
o uc	
sicio	L
phy	DEL
ing	12
end	eo.
att	ue de
the	1
by	

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
925	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH	Reg. Dist. No.
CERTIFICATE OF DEATH	Reg. Dist. No.
	CC0 4 M
THE DEPARTMENT OF HEALTH—BALTIM	

1.	o. COUNTY Montgomery Maryland					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Maryland Montgomery.					
Г	b. CITY OR TOWN RURAL ond give to	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (If outside co	orporate limits, write	RURAL ond gi	ve nearest to	vn)	
	Rockville					Rockville.	X				
	d. NAME OF HOSP	ITAL (If not in hospital.	give street	oddress)		d. STREET ADDRESS e. IS RESIDENCE					
		ndy Drive				702 Burgundy Dr	ive.			A FARM?	
	NAME OF Annabel Eva Ramge. Middle (Type or print)				R	am 9 e DEA	TE MO	T6th.	Day	Yeor - 19 6I	
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	N 8.	DATE OF BIRTH	9. AGE (In year	IF UNDER 1	YEAR IF UNI		
	White Divorces					Dec.IIth.I920	lost birthday)	Months [Poys Hours	Min.	
100	Female.	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR		RY 11. 8IRTHPLACE (State or fareig			EN OF WHAT	COUNTRY?	
		rking life, even if retired		Benk.		Washington.D	.C.	U	S.A.		
13.	FATHER'S NAME			DRIK		14. MOTHER'S MAIDEN NAME			0.000		
	Paul Aren	dee				Anna F. Nally.	100				
15.	WAS DECEASED EV	ER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	IN	ORMANT Rockville,	Me rul and Ad	dress			
	s, no, or unknown)	(If yes, give wor or dates of		Unknown.		edrick P.Ramge 7			Α.		
H		ATH [Enter only one or		ine for (a), (b), and (c)		antion rando .	on Dailbair	-J	INTERVAL	ETWEN	
		ATH WAS CAUSED BY:	Jose per 11	A a . s a	re	· Comin			ONSET AN		
	155	IMMEDIATE CAUSE (d	0	Just 1	0-	The state of the s	7		000	4-6	
DUE TO									11 month		
	Conditions, if gove rise to	immediate		up wood	W	Ty one	por proper	7	10///	den I.	
13	couse (o), stoting)			/		-			
z	lying couse lost	- '		CONTRIBUTING TO DEAT	LI BLIT N	IOT RELATED TO THE TERMINAL DIS	FASE CONDITION C	IVENT INT DADT	1/=\ 10 W/AS	ALITOPEY	
ATIO	PART II. O	THE STOTAL ICAM COL	iomons.	CONTRIBUTING TO DEAT	H BOT IN	IOI KEDATED TO THE TERMINAL DIS	EASE CONDITION G	IVEN IN PAKI	PERF YES I	ORMED?	
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in Port I or	Port II of item 18.)		11.5	J NOA	
	20c. TIME OF INJU		as 204 I	NJURY OCCURRED 2	On PLAC	E OF INJURY (Home, form, 20f. (City or town)	10	-4.1	164-4-1	
MEDICAL	Haur o. m.	19	While			ory, street, affice bldg., etc.)	City or rown)	(Co	ounty)	(Stote)	
	21. I certify	hat I attended the	deceas	sed from	rch	1960, 10 Jan	16 1961	that I las	t saw the	deceased	
	alive an	an 8		2 and that a	death o	accurred at 1468 M. fro	im the causes a				
		1		11			S (Street, sity or town			TE SIGNED	
	ACTUAL SIGNATURE	CTUAL / AND 2015 1: All -10 3327-0-51. NV									
	PHYSICIAN'S NAME (Type)	Franci	5 /	Sharpe	MAD	Washi	ng To	n 7,	D. C		
220	BURIAL, CREMATIC) - 11-	DF .	22c. NAME OF CEMET			CATION (City, town		(Ste	ote)	
	uriel	1/19/61		Prospect.	HT 11	VEIDO NA	hington,	of male by the same	0.1-11		
23.	FUNERAL DIRECTOR	R'S SIGNATURE	- 0	2	1150		GISTRAR 246. REC	GISTRAR'S SIGI	NATURE		
_	Josep,	1 + 13h	ichi.	Seans JO.	341	MST. NILADATE JAN 19	'61 €	uly 8 9	STORE A		

· Carrier Hartend Springs and are .effliviona . signifyl lie. TOO SO PERSON DEADS Part are legant to the .drelgrammatedly .5 c melly ! QA CSS Lina II. aec Nathing ten, 0,0. Marie Land Control Control sechera inst ingly of allevious was Drivers | Fredrick & Sames Volt Berling & Drivel 19/81/1

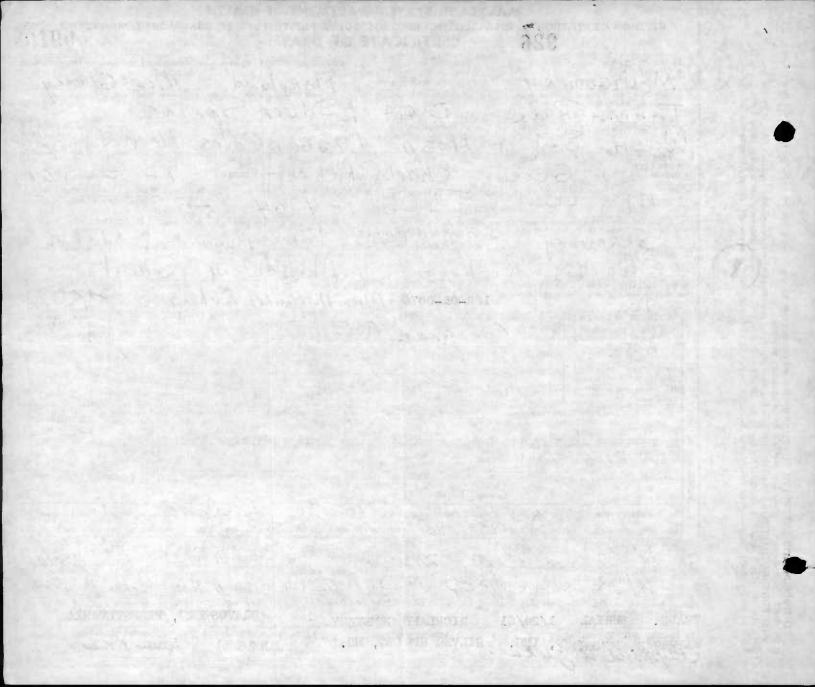
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0919

1/3		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
V z)	MONTGOMER / MARYLAND	MARYGNE "MONT GOMERY
1	Ŀ	b. CITY OR TOWN (if outside corporete Vmits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
57		write RURAL and give pear st own	15 Ilion Speide
0		AKOMA Pack D.O.A.	100110ER SIRKING.
91	7.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	o. STREET ADDRESS o. IS RESIDENCE ON A FARM?
4	H.	Nash, DAN, + NOSA	12001 (O/esuille MC YES NOB
		NAME OF First Middle	Last 4. DATE Month Dey Yeer
		DECEASED	Production of the state of the
		O CORG (CHARTES	KICHERT DEATH / - 20 1961
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		WIDOWED DIVORCED	1-4-04 last birthday) Months Deys Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dor	ne during most of working life, even if ratired) U.S. SN dependen	T P 1180 1 5 1
-	40	Je (Retary Telephine Ussoc	I LENNSYIVANIA 1 4.2,4.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Chaplas Kicher	Macdalem Good.
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	NFORMANT Address
		e no ne unhavan) i (lifuna nivarunana data antana (na lifuna)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		168-05-0070 ///	RS. MARGARET KICHERT - DECEASE
		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
-		PART I. DEATH WAS CAUSED BY:	onset and death 30 minutes
		43 LIMMEDIATE CAUSE (6) Caldial at 15	ca and
		DUE TO	
		Conditions, if eny, which (b)	
		geve rise to immediata cause	
Н		(a), stelling the undarrying	
		ceuse lest. (c)	
7	S I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	E.		YES NO
	CERTIFICATION	20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Part I or Pert II of item 18.)
	ERT	OR CONTRIBUTING CAUSE OF DEATH	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	WEDICAL	for all	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	QE	nour e.m.)
	2	p.m	January and a day of the miles
		21. I certify that (I) (this hospital) attended the deceased from	
		saw the deceased alive on 3.9.1.8	death occured and Hill, from the causes and on the date stated above.
		22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
		10/2/1 a dead on m.	DINE TO DIRECTOR DUVE
		22c. PHYSICIAN'S	22d. ADDRESS
B		NAME/ITYPER IS ARDINON MIN	Coa Donber Amala to Aug med
		MIDIAN PULL OF THE	1800 Occupien a burg Menter Mad 14.
	23a	. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
1	CRA	REMOVAL (Specify) ANS. & BURIAL 1/24/61 RICHLAND CEME	TERY DRAVOSBURG, PENNSYLVANÍA
	_	FLINERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
. 1	TAR	THER E PUMPEREY, INC. SILVER SPRING,	MD. DATE JAN 25'61 Criting S. Kraus
1	1	TUNICIA IL TLEKE.	DATE

TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed very siter is death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral defector, page 3 should be detached for use as the burial-transit permit. The please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. and in



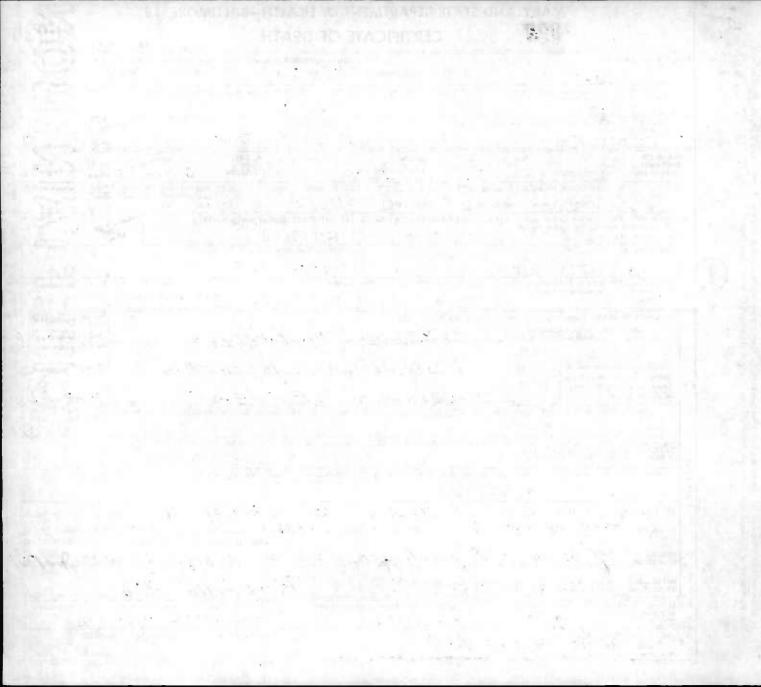
VS A1S (4) 1SM 9/58

th certificate be executed within 24 haurs death. Page 4	ding physician and campletely filled in by the funeral director, sase remove carbon papers. Pages I and 2 shauld be filed with
death.	funeral auld be f
	sho
haurs	in by and 2
24	ed -
within	tely fill Poges
ecuted	cample papers.
be ex	n and
icate	ysicia
certi	remer
÷	dir

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 927 **CERTIFICATE OF DEATH**

00920 Rea. Dist. No.

1.	PLACE OF DEATH o. COUNTY Montgo	mery		MARYLA	ND 2.	usual residence	(Where deceased nd	l lived. If instituti b. COUNTY		gomer	
	b. CITY OR TOWN (IF RURAL and give ned Rockvill	prest town)	ts, write	c. LENGTH OF STAY IN		Rockvil		rote limits, write R	RURAL and gi	ve nearest to	wn)
	d. NAME OF HOSPITA		ive street	oddress)	1	d. STREET ADDRES Horne	_	е		ON	A FARM?
	NAME OF DECEASED (Type or print)	NNETTE	st	Middle B - BTCI	KETT:	Last	4. DATE OF DEATH	Mor Jan.		Day	Year 19 61
S.	SEX Penale	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		ATE OF BIRTH 3/26/88		9. AGE (In years lost birthday) 72 yrs.		YEAR IF UNI	1
	usual Occupation during most of working Housewife	ng lite, even it retired)	Own Home	INDUSTRY	11. BIRTHPLACE (S Maryla		ountry)	US.CITIZ	EN OF WHAT	COUNTRY?
13.	FATHER'S NAME				1.	. MOTHER'S MAID	EN NAME				
(George Wi	lliam Ri	ggs			Margaret	c. Gr	aham			
15.	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT	1000	Add	ress		
	No	, yas, give were or earlier or a		None	Mrs	Marilyn	R. In	gells-1	Item#	2	
ATION	Conditions, if an gove rise to im cause (a), stating to lying couse last. PART II. OTH	he <u>under-</u> DUE TO) C	2	MA		BREB	151	VEN IN PART	PERF	YEAR SAUTOPSY ORMED?
AL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH		CRIBE HOW INJURY OCC		41 11 1					
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Manth, Day, Yea	While of work	Nat while		OF INJURY (Hame, street, office bldg.,		or town)	(Co	ounty)	(Stote)
	ACTUAL SIGNATURE	10000	3019	ed fram Otto	eath ac	, 1960, ta curred at / A 3/0	M, fram ADDRESS (St		nd an the	date state	
22c	P. BURIAL, CREMATION REMOVAL (Specify)	2/2/61	F	22c. NAME OF CEMETE ROCKVIL		EMATORY		ON (City, town,	or county) Mary	(St	ate)
23.	Tyson Whe	SIGNATURE Eeler Fun		ADDRESS Home			REC'D BY REGIST	RAR 24b. REGI	STRAR'S SIGI		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 928 Rea. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed a. STATE MARYLAND MONTCOMERY b. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest fown) ROCKVILLE P ROCKVILLE VIS. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION 12,610 PARKLAND DRIVE ON A FARM? 12,610 PARKLAND DRIVE .0 YES NO .5 NAME OF DECEASED First Middle 4. DATE Day Year completely filled OF DEATH (Type or print) 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IFUNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS Months Days Hours FEMALE WHITE WIDOWED I DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? HOME MAKER OWN HOME WASHINGTON, D.C. U.S.A. 43. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WILLIAM E. SMITH CATHERINE CULLEN WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address NO NONE Mr. Keith R. Rodgers, 12,610 Parkland Drive Rockville, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: RCINOMATOSIS IMMEDIATE CAUSE (a) DUE TO ENO CARCINOMA MOS. Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) WEDICAL 20c, TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while at work at work 21. I certify that I oftended the deceased from JUNE , 1957, ta JAN 17, 1961, that I last saw the deceased detached and that death occurred at 2132 AM, from the causes and on the date stated above. ACTUAL 3 should be PHYSICIAN'S he registror TO FUNERAL NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BEREMOVAL (Specify) 1/20/61

NAT'L. MEM. PARK CEMETERY

SILVER SPRING, MD.

FALLS CHURCH. VIRGINIA

24b. REGISTRAR'S SIGNATURE

Onthun & Through

24g. REC'D BY REGISTRAR

DATE JAN 2 5 '61

poge VS A1S (4) 15M 9/5S

HEAL TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dels snecessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page VS. / 5M

ε

Sep. blo. se

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN CACITY OR TOWN (If outside corporate limits, write RURAL and give peerest town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Day DECEASED (Type or print) DEATH 19 61 9. AGE Anyears | IF UNDER 1 YEAR IF UNDER 24 HRS. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months WIDOWED I DIVORCED 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) hustra WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) 1917-1920 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which (b) gave risa to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? cremat NO X 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of Injury In Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | . Inspection Inquiry 1 and in my opinion Natural causes X Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial Arlington Nat'l.Cem. 40 9 Arlington, Virginia 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Hines Co. 2901 14thSt., N.W. 1SMF DATE JAN 9 '61 Cichun & Kraus 7/59 Washington 9.D.C.

atalygu, helenter was, list hot thilds . Lighton bista

F 0022

	300	Itom 9 Kalmicas	AIE OF DEAL				UUdi	40
1. PLACE OF DEATH a. COUNTY Montgomes	ry	MARYLAND	2. USUAL RESIDENCE (Delaware	Where deceased l	ived. If instituti b. COUNTY	an: Residence	befare admi	ssion)
b. CITY OR TOWN (I RURAL and give no	If autside carporate limits, we earest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporat	te limits, write R	URAL and give	e nearest tax	vn)
Bethesda		20 days	Bethany B	each		4	6X	5
OR INSTITUTION	TAL (If nat in haspital, give	street address)	d. STREET ADDRESS				ON	A FARM?
	al Hospital		PO Box 29	Ta Barr				
3. NAME OF DECEASED (Type or print)	James	Boyd.	RUTTER	4. DATE OF DEATH	Janua		Day 29	Year 1961
S. SEX		MARRIED NEVER MARRIED		9.	AGE (In years	IF UNDER 1 Y		
Male	Caucasian WI		12-20-87		last birthday)	Manths Do	ays Haurs	Min.
10a. USUAL OCCUPATION during mast af war		10b. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (SH	ate ar fareign cour	ntry)	12. CITIZE	N OF WHAT	COUNTRY
U.S. Navy	У	Retired	Pennasy			U.S.	Α.	
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME				
James C.	RUTTER		Harriet	N. Mc K	ELVY			100
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCES		INFORMANT		Add	ress	Del	aware
ves	1905-45		rs. James Ru	tter. PO	Box 29	. Betha	ny Be	ach.
Canditians, if a gave rise ta i cause (a), stating lying cause last.	the under-	ONS CONTRIBUTING TO DEATH B	, M. S. C.	DISEASE (CONDITION GIV	(ONSET AN	20
PART II. OTI	AS UNDERLYING 20b	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Part I ar Part I	I af item 1B.)			X NO [
20c. TIME OF INJUR Haur a. m. p. m.	10		PLACE OF INJURY (Hame, f factary, street, affice bldg.,		r tawn)	(Cau	unty)	(Stat
saw the decea	at (X) (this haspital) a used alive an 1-29	ttended the deceased from		19 61, ta 50 AM fram th	1-29 ne causes ar			d above
22a SIGNATURE	a Miller	Jr. KID	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		1-2	9-61
22c. PHYSICIAN'S NAME (TPG)	ssell Miller	Jr., LT, MC, USA	22d. ADDRESS U.S. No	aval Hosp	pital, I	3ethesd	a, Md	•
23a. BURIAL, CREMATIC REMOVAL (Specify) BULLS	2-2-61	23c. NAME OF CEMETERY Arlington N	or CREMATORY ation1 Cemete		ON (City, tawn, Ington, Y		,	ate)
Joseph G				FEB 2 '6'	1000	ritury &		

r death. Page 4 may be rehained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban popers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur TO HOSPITAL

d

VR A15 (4) 1SM 9/59

CARTHRICATE OF DEAT

	d'anna d'a		View & Call
	directly quantied ag-	ayno 35	(Lorus) recence
	20 3 m 29		L.S. Nevel Rosping
January CS 1602	AND RESTUR	beeff	B2015
	18-05-51		No. 10 Community St. 18
1.2.0	R. GITTE Y DATE OF THE REAL PROPERTY.	lors and	and the same of the
Year and the Year	essent animal		Seems O memos
25 (S-)			
	19 6-1	L	

			N	IA	RY	L
9	3	PIVIS	ION	OF	STA	TIS

AND STATE DEPARTMENT OF HEALTH STICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

66924

1. F	LACE OF DEATH COUNTY MONTEC	mery Md.	MARYL		2. USUAL RESIDENCE (WHO a. STATE New You	nere deceased	lived. If instituti b. COUNTY	~	pkins	nission)
Ł	CITY OR TOWN (If outs RURAL and give nearest Silver St	tawn)	3 weeks		c. CITY OR TOWN (IF o		ote limits, write R	URAL ond	give nearest to $9X$	own)
C	NAME OF HOSPITAL (IF OR INSTITUTION 119	not in bosnital give et	reet address)		d. STREET ADDRESS	Etaver	nue ^{se}		10	RESIDENCE A FARM?
(AAME OF DECEASED Type or print)	George	Middle H•	W.	Sabine	4. DATE OF DEATH	Man 1	th	Doy 18	Yeor 19 61
5. S	Male 6. C	white	MARRIED NEVER MARRIED OWED DIVORCED	B.	DATE 012-9-1880)	9. AGE (In years lost birthday) 80 yrs.	IF UNDER Months	Days Hou	
	USUAL OCCUPATION (G during most of working li Professor	ive kind of work done fe, even if retired)	10b. KIND OF BUSINESS OR Retire		RY 11. BIRTHPLACE (Stote Ohic		untry)	12. CITI	ZEN OF WHA	TCOUNTRY
13.	Lorenzo	Sabine			14. MOTHER'S MAIDEN N					
	WAS DECEASED EVER IN I	J. S. ARMED FORCES? give war or dates of service)	16. SOCIAL SECURITY NO. Unknown		ormant Cs. Mary Sabi	ine	7007 Ga		Chevy (Chase
	PART I. DEATH WIMM / 8 O O O O O O O O O O O O O O O O O O	DUE TO	metastal	Ti.	hyplanifi	hrom	2.		2 10	ests.
CERTIFICATION			ONS CONTRIBUTING TO DEA					/EN IN PAR	PER	AS AUTOPSY REORMED? NO
	20a. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI		DESCRIBE HOW INJURY OC							
MEDICAL	20c. TIME OF INJURY M Hour o. m. p. m.	W W	Od. INJURY OCCURRED /hile Not while work at work	20e. PLAC focto	CE OF INJURY (Home, form ory, street, office bldg., etc	n, 20f. (City	or town)	(1	County)	(State)
	21. I certify that (I) saw the deceased of	0-	tended the deceased to			M, from	the causes ar		/, that (I e date stat	
3	220. SIGNATURE	uch T. He	mule	м	.D. PHYS. DI	ED.	STAFF PHYS.		ganl	22b. DATE SIGNED 8, 196
	22c. PHYSICIAN'S NAME (Type) SE	RUCH T. H	KIMBLE		929 Ploof	lung A	, Silve	· Sp	ring,	mol.
23o	BURIAL, CREMATION, 2 REMOVAL (Specify) emation	3b. DATE THEREOF 1-19-61	23c. NAME OF CEME		rematory	23d. LOCAT	ION (City, town,		Co.,	Md.
24.	FUNERAL DIRECTOR'S SIG	NATURE Junes	A Same Bethe	sda,		D BY REGISTE	0.00	STRAR'S SI		10

VR A15 (4) 15M 9/59

Salarandri 🐣	Sale Sale		
	Trines		Silver Spelly-Wood
	2)? (Red) (vene		
	Carlo Maria		
			er (east) Mixture (see)
			No. 1000 DE
	Sparse Atherens	Lead of the second	The Edward Constitution
	THE PARTY OF THE P	obernitae 1	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1		022		CERIII	FICA	IE OF DE	AIH	2 16 11				UU	24	9
A	1. PLACE OF DEATH	20%				2. USUAL RESID	ENCE (W	here decease			n: Resider	nce befor	e admiss	ion)
73	Montgomer	Y		MAR	YLAND	Distri	ct o	f Colu		COUNTY				
	b. CITY OR TOWN	(If autside carporote limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR T	OWN (If	outside corpo	rote limits	, write RL	JRAL and	give neo	rest town	1
	RURAL and give Bethesda			97 days		Washin	gton				4-	77	X -	-3
		PITAL (If not in hospital, a	ive street			d. STREET A						-	. IS RES	DENCE FARM?
51		al Hospital			150	#3 Hel	m Gr	een, S	. W.					NO S
	3. NAME OF	Fir	st	Middle	,	Last		4. DATE		Mont	th	Day	, ,	reor .
	(Type or print)	Euge	nia			SANE	S	OF DEATH		Janı	arv	16		961
	S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	IED [8. DATE OF BIRTH		- 4	9. AGE (IF UNDER	1 YEAR		
	Female	Negro	WIDOW			2-12-1	0		50	yrs.	Manths	Doys	Haurs	Min.
	10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU		-	or foreign c	14		12. CIT	IZEN OF	WHATC	OUNTRY?
	Domestic	orking life, even if retired			-	Pii	erto	Rico				USA		
	13. FATHER'S NAME					14. MOTHER'S						V-0/1		
	Balitini	a AYAT.A				Leona	SANE	S						
		ER IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. IN	NFORMANT	~ 10111			Addr	ess			
V	NO	(If yes, give war or dates of s		None	(D)	Mrs. De	lher	t Gibs	on.	same	as #	2 ab	ove	
		EATH [Enter only one co				THE DE DO	1001	0_0100			- H	INTE	RVAL BE	TWEEN
		EATH WAS CAUSED BY:	/	1 some								ONS	ET AND	DEATH
	101	DUE TO		· corror										
	Conditions, if	and publish)	IAA .	ota-late	. (Davin	200 0	ell	CAR	cin	oma	_ 0	2 4	1
	gove rise to	immediate Dur To		es assure			_ ^					-	0	
	couse (o), stating	g the under-	, Ja	Ti cell	Can	cinom	- (e	ruex	Ш	erie			1 cx	2
											RT 1(o) 1	. WAS	AUTOPSY	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1											RMED?		
	20a. ACCIDENT V	VAS UNDERLYING	CRISE HOW INJURY	CCURRE	D. (Enter nature of	injury in	Part I or Por	rt II of ite	m 18.)	0 - 1		-		
	OR CONTRIBUTION	IG CAUSE OF DEATH Y MEDICAL EXAMINER)												
	3 20c. TIME OF INJU		or 20d. I	NJURY OCCURRED		ACE OF INJURY (y ar tawn)		(County)		(Stote)
	Hour o.m		While at wor	Not while	for	ctory, street, office	bldg., et	c.}						
ı		nat (1) (this haspital	\ attone		from	Oct. 11	10	60, ta	Jai	n. 16	5 10	61 1	~+ AH /	we) last
		ased alive an Ja	- 4			leath accurred		OAM from						
	22a. SIGNATURE	21	/	2 / dire	i ilidi c	Jean dicorrec	, di		me ca	oses an	u dii iii	e dale		DATE
	OF	Macl	ing			M.D. PHYS.		AED.	STAFF	XXX	1/2		1-16	SIGNED
	22c. PHYSICIAN'S		0			22d. ADDRE					1			100
	NAME (Type)	R. F. MADI	NG, I	LT, MC, USI	V.	U. S.	Nav	al Hos	pita.	1, Be	thes	da,	Md.	
	23a. BURIAL, CREMAT)F	23c. NAME OF CEA	AETERY O	R CREMATORY		23d. LOCA	TION (Cit	y. lown, c	or county)		(Stat	e)
	REMOVAL (Specification)	10190	61	Mt. Oli	vet.		8 4		ingt	in parti				3 12
	24. PUNTERAL DIRECTO	P'S SIGNATURE M	ckt.	ADDRESS			2Sa. REC	D BY REGIS	TRAR 2		TRAR'S S	GNATU	RE	
	Moderate	4 00 111.	182	9th St.,	NW.	WashDC	DATE	JAN 1 9	61	C	Wilmy.	S. The	nus	
	The second second second	A STATE OF THE PARTY OF THE PAR			44 7 7 7									

in by the funeral director, and 2 should be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

moy be rehained by the hospitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and campletely filled poge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Roard of Hardth price to be considered.

VR A1S (4) 1SM 9/59

12.00		
A community to active to		Armonac.
The Control of the Co	37.00 PC	(int) abidust
		In I have longited.
υ		college
		Partition Acests
adl out of the second		plane e.
The state of the s		alle diniviles
	a)emi	oli .
and the second of the second o	19 701	.,
		1000000
.bl. of second quadratical daysb		OCTUBER.
.C.u., continue	SERVICE SING	Service Land
State of the state		Chamber and the second

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

933

66926

		PLACE OF DEATH D. COUNTY MAN TO A PARALLEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY MM (A mad A mad							
H	k	b. CITY OR TOWN (If autside carpage lights, write RURAL and give nearest fown)	c. CITY OR TOWN (If of side carporate limits, write BURAL and give nearest tays)							
,		Sakima Pack years	20 Japana Park							
	(d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SOLD SELECTION	d. STREET ADDRESS SIENSELL LULL e. 15 RESIDENCE ON A FARM? YES NO							
	-	NAME OF DECEASED (Type or print) LOUISA ALBERTA	SAXTON 4. DATE OF DEATH Jan 28 196/							
i	5. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH July 18, 1867 9. AGE (16 Years last birthday) G. 3 yrs. 9. AGE (16 Years last birthday) Manths Days Haurs Min.							
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	= Part Haron, Mich. U.S.a.							
	13.	Themas Jelbart	14. MOTHER'S MAIDEN NAME CXX							
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 174, (If yes, give war or dates of service)	Mrs. Using Hayford (Dame as #2)							
		1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
		PART I. DEATH WAS CAUSED BY: Who chymlu	monies 4 m 5 days							
/	18	491X DUETO- 1								
		Canditions, if any, which)	in a consistive him Decurent							
		gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO	erture) for most							
	Z	. (0)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
0	CATIC	(The we get,	Fretung PERFORMED?							
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	CAL		PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)							
	MEDICAL	Haur a. m. While Nat while p. m. 19 at wark at wark	factary, street, affice bldg., etc.)							
	4	21. I certify that (I) (this hospital) attended the deceased from								
		saw the deceased alive an	death occurred ot M, from the causes and on the date stated above.							
		(A) Holhon, and	M.D. ATTENDING MED. SIGNED PHYS. SIGNED							
		PAME (Type) Chas H NoLo HON	500 Underwood St. nw. Wash. DC							
	en	S. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY JAN 31, 1961 23c, NAME OF CEMETERY	maisoleum Prince Granty, Md-							
	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	DITUULO 250. REC'D BY REGISTRAR 256. REGISTRAR'S SYSNATURE							
9		frague value, as 7 source.	CHATE JAN 3 1 61 arthur S. Kraus							

STATE OF THE PARTY. A CHIEF PROPERTY SAVIEN HELDER

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacassed lived, If institution; Residence before admission) a. COUNTY b. COUNTY the fr nd 2 eath. lont go in en MARYLAND b. CITY OR TOWN (iff outside corporate limit c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and live nearest town) and P write RURAL and give nearest town filled in Pages 1 lakoma filled d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) Washingi Wood war letely NAME OF DATE DECEASED OF (Typa or print) DEATH XXXXXXXXXXXX carbon 9. AGE (In yeers | IF UNDER 1 YEAR 5. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) and WIDOWED emale physician 10a. USUAL OCCUPATION (Giva kind of work remove done during most of working life, even if ratirad Heuse wi 13. FATHER'S NAME ease attending unknown Pennypacker liam a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyasgiva war or datas of servica) none the 1B. CAUSE OF DEATH [Entar only one cause par line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) burial-transit DUE TO peen Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the undarlying has causa last. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY certificate as rus Engliches in 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH prior 2Db. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER After 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) factory, streat, office bldg., etc.) While Not While at work at work n.m may be retain DIRECTOR: 1960 to 1. 21. I certify that (I) (this hospital) attended the deceased from19.6/... and that death occured at.....A.M., from the causes and on the date stated above. saw the deceased alive on.......... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. unsell PHYS. HOSPILATION HOSPILATION PAGE 4 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Koul filed v 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) P dig CEDAR HILL CEMETERY 1/19/61 PRINCE GEO. COUNTY. BURTAI

24 FUNERAL DIRECTOR'S SIGNATURE

ARNER, E. PUMPHREY

1 INCA

SILVER SPRING, MD.

VR A15 (4)

15M 9/60

Montgemery

15

Days

(County)

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE JAN 2 5 '61

..., 19 6. 1, that (1) (200) last

Months

. IS RESIDENCE ON A FARM? YES NO X

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO F

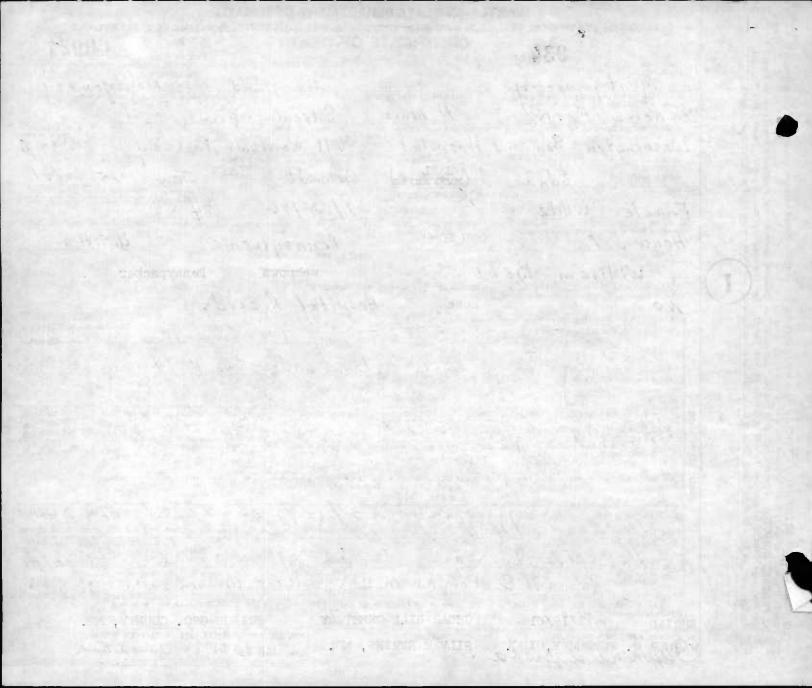
(State)

DATE

(State)

SIGNED

12. CITIZEN OF WHAT COUNTRY?



FOR STATE please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directors and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. necessary, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delt

VS. A15ME 5M 7/59

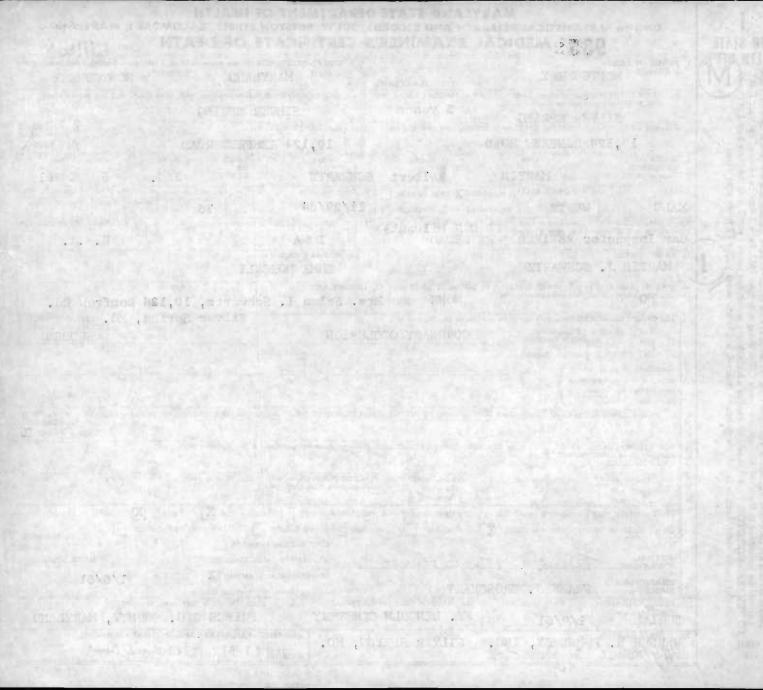
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

66928

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 935

1.	a. COUNTY MON	TGOMERY	MARYLAND	a. STATE MAI	NCE (Where deceased RYLAND	lived, If ib. COUN			
-	write RURAL and		c. LENGTH OF STAY IN 16 5 years		(If outside corporate lin	mits, write	RURAL end give	nearest toy	vn)
-		VER SPRING AL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS				Le. IS R	ESIDENCE
		4 RENFREW ROA			RENFREW ROA	D		ON	A FARM?
3	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Yea	r
	(Type or print)	MARTIN		CHWARTZ	DEATH	JAN	. 6	19	61
5	. SEX	6. COLOR OR RACE 7. MA	THE TER MARKED	. DATE OF BIRTH	9. AGE	(In years I	IF UNDER 1 YEAR		24 HRS.
	MALE	WHITE	OWED DIVORCED	11/29/84	76	yrs.	Months Days	Hours	Min.
10	on USUAL OCCUPATION of work Car Inspect	king life, even if retired)	b. KIND OF PUSINESS OF INDUSTR RAILROAD	IOWA	e or foreign country)		12. CITIZEN C	S.A.	COUNTRY
	3. FATHER'S NAME			14. MOTHER'S MAIDEN	N NAME		0.	3 .27 .	
	MARTIN J.	SCHWARTZ		EMMA MOE					
1	5. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address			
C	Yes, no. 900 kown) (If)	yes give war or dates of service)	NONE Mr	s. Selma I.		-			
	PART I. DEATH	(-)	per line for (a), (b), and (c).] CORONARY OCCL	USION	Silver	Spri		TERVAL BE NSET AND SUDDE	DEATH
	(a), steting the un cause last.	> DUE TO			retta.				
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDI	TION GIV			NO X
CERTIFI	PRIMARY OF CONCAUSE OF DEATH.		ESCRIBE HOW INJURY OCCURED. (I	Entar nature of Injury in Pa	art I or Part II of item 18	3.)			
MEDICAL	20c. TIME OF INJUR Hour a.m. p.m.	1		CE OF INJURY (Home, fail dory, street, office bldg., et		n)	(County)		(State)
	21. I certify the death resulted fr		remains described above, he Accident . Suice		Land	Inquir nined m		in my o	pinion
	ACTUAL SIGNATURE	Frank Jo 1	Burkack	M.D. ASSISTANT ME	DICAL EXAMINER			ATE SIG	NED
1	EXAMINER'S NAME (Type)	FRANK J BRO	SCHART		city, town, or county)		1/6/6	51	
22	REMOVAL (Specify)		FT. LINCOLN CI	RCREMATORY	PRINCE G			(Stat	
2	MARNER E SALYNERUL	PUMPHREY, INC	. SILVER SPRIN	G, MD. 24a. RE	N 1 1 '61		STRAR'S SIGNATI		1



BI JENOMERAE	-MITAGE SO TH	NO STATE DEPARTMEN		
	HTABO RO 3	CERTIFICAT	A158	
	The same			

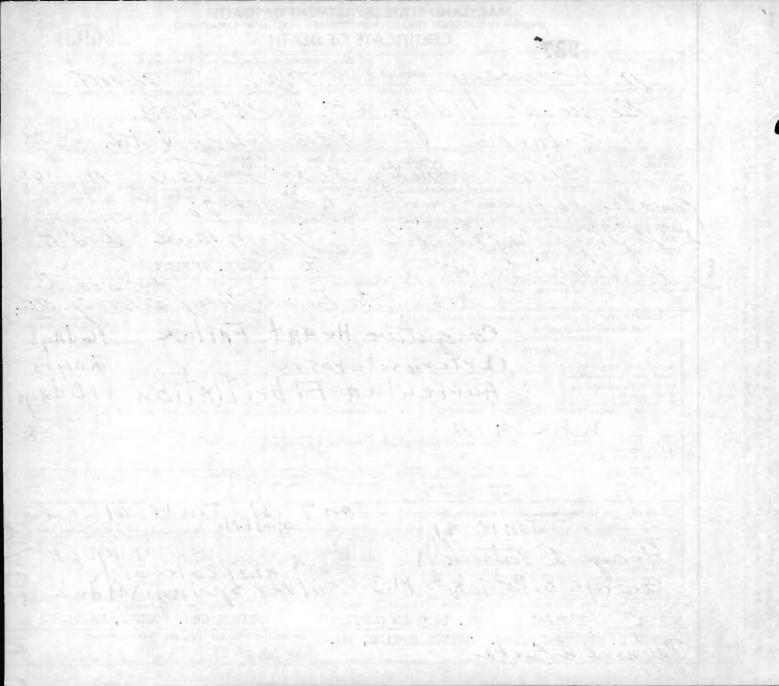
HOAL	KESEMI		LIVE P	LLON	-	DALLI	"
CEF	RTIFI	CA	TE	OF	DE	ATH	

EARCH AND RECORDS — BALTIMORE 1, MARYLAND IFICATE OF DEATH				
IFICA	TE OF DEATH	003		
1-	2. USUAL RESIDENCE (Where deceased lived. If institution:	Residence befare		

CERTIFICATE OF DEATH			00930		
-	. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Res			
	O. COUNTY Antequal MARYLAND	o. STATE b. COUNTY	Port		
1	b. CITY OR TOWN (If autside constrate limits, write RURAL and give nearest toying)	c. CITY OR TOWN (If autside carporate limits, write RURAL	and give nearest tawn)		
	Be the sala, 11 days.	destilver JAVing			
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
1	NAME OF First Middle	lost 4. DATE Month	di YES NO NO		
	NAME OF DECEASED (Type or print) Service of the Conduction of the	T/- OF DEATH	Day Year 1961		
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 11 9. AGE (In years IF UN lost birthday) Moni	IDER 1 YEAR IF UNDER 24 HRS.		
tema Le White WIDOWED DIVORCED JUL 1974 1884 76 yrs.					
1	00. USUAL OCCUPATION (Give kind of work done 10 KIND OF BUSINESS OR INDU	JSTRY 11. BINTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY?		
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	William Th Zou	XXX ANNE M. FAWCETT	1-1		
1	5. WAS DÉCEASÉD ÉVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO NE NO NE	Mrs Edne L. Shaurt	shaw Here		
ŀ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]		INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive	e HEART FAILURE	ONSET AND DEATH		
	4+33.1 DUE TO 0 14.4		911		
	Conditions, if any, which gave rise to immediate	1E 105 15	00475.		
	lying cause lost. DUE TO Auricult	AR FIBRILLATION	10 duy.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?		
	200 ACCIDENT WAS INDERIVING TO 200 DESCRIBE HOW INTERPORTED TO	ED. (Enter nature of injury in Part 1 ar Port II of item 18.)	YES NO NO		
	E 20e. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter holdre of injery in roll 1 of Port II of Belli 10.)			
1		LACE OF INJURY (Hame, farm, 20f. (City ar town) actory, street, affice bldg., etc.)	(County) (State)		
	Hour a.m. P. m. 19 While Nat while at wark at wark	story, area, area stags, etc.,			
	21. 1 certify that (1) (this hospital) attended the deceased fram.		961, that (1) (we) last		
	saw the deceased alive an JAN 18 1961, and that	death accurred at 4.4M, from the causes and an	the date stated abave. 22b.DATE		
	George B Patrick	M.D. PHYS. DIRECTOR PHYS.	-19-6/SIGNED		
	22c. PHYSICIAN'S PATRICK, Tr.M.	D. Silver Spring	ille		
f	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C				
	Dortalia a, 201 of		TY, MARYLAND		
24. FUNERAL DIRECTOR'S SIGNATURE LY, INC. STORES SPRING, MD. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
1	Jaymena a. sinca	DATE JAN 25 '61 Cuilu	1 8. House		

death. Page 4" TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremotion, ar removal, and in any event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. TO HOSPITAL O

VR A15 (4) 15M 9/59



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a hours after a death. Page 4 may be retained by the hospital or attending physician. > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal/and in approvement, within 72 hours after death.

15M 9/60

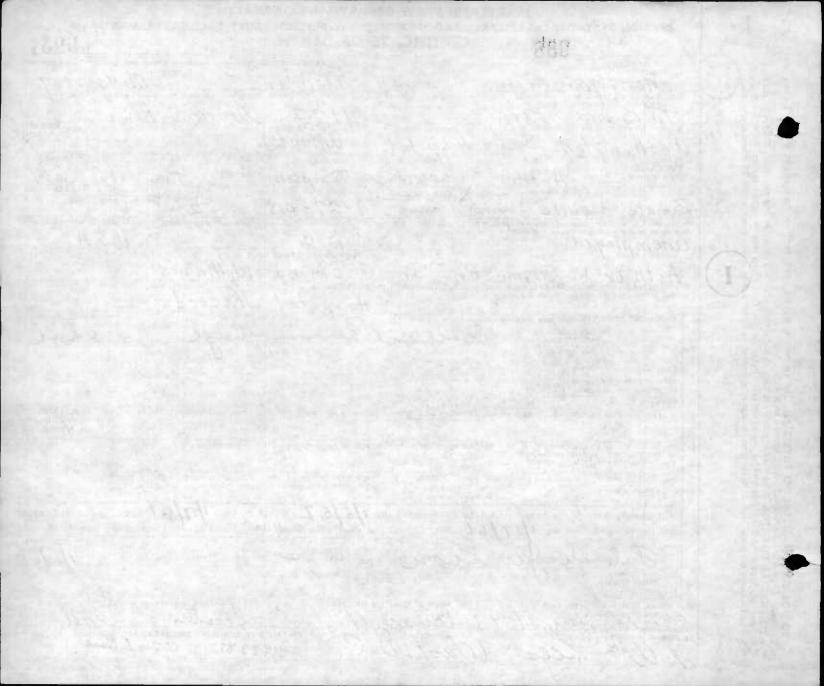
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

938	CE	RTIFIC	ATE (OF D	EAT	I
700						-

66931

	e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution:	Kesidenca before admission)	
	Montagnery MARYLAND	o. STATE b. COUNTY MAKE	tarmery	
1	b. CITY OR TOWN (if butside corporete limits) c. LENGTH OF STAY IN 1b	c. CITY OR/IOWN (If outside corporate limits, write RURAL en	d give nearast towy)	
1	write RURAL end giva neerest town	111777 Menusia Alle	37	
5	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d'. STREET ADDRESS	I . IS RESIDENCE	
1	111001 1 50, 0/ 1/00-11	Wheaton,	ON A FARMS	
	Washington Jan & Hospital		YES NO NO Dev Year	
H	3. NAME OF / First / Middle DECEASED	Lest 4. DATE Month	Dey Year	
	(Type or print) Arthur, Lawvence	Dimpson DEATH Jau	17 19 6/	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 last birthday) Months		
	male White WIDOWED DIVORCED	9-27-08 52 yrs.	Deys Hours Min.	
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?	
1	unemployed.	D, C,	,5,A.	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
П	Arthur L. Simuson Sr	Emma Williams		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.			
1	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	Hospital Records-		
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c),	nosprial necessas	I INTERVAL BETWEEN	
_1	PART I. DEATH WAS CAUSED BY:	f. 10 20	ONSET AND DEATH	
	IMMEDIATE CAUSE (a) Under	nemuorange	Short	
	33/X DUE TO			
	Conditions, if eny, which (b)			
	geve risa to immediate cause (e), stating the underlying DUE TO			
	causa last. (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T 1(a) 19. WAS AUTOPSY	
	OIL		PERFORMED?	
	□ 2De. ACCIDENT WAS UNDERLYING □ 2Db. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of item 18.)		
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB			
	- Land	ACE OF INJURY (Home, ferm, '20f. (City or town) (Coulory, streat, office bldg., etc.)	inty) (State)	
	Hour a.m. p.m. While Not While et work et work	ory, steat, office diag., ofc.,		
	21. I certify that (I) (this hospital) attended the deceased from.	1/5/57 19 10 1/17/6/ 19	, that (1) (we) last	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	saw the deceased alive on	dearn occured att	22b. DATE	
	Palvile James M	1/176/		
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	1-1	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or count	(State)	
	Derial Jan 21, 1961 Celler Hell Suilland Mil			
	24 FUNERAL DIRECTOR'S SIGNATURE JADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S		
1.0	J. 11 1 Tella Wash, U.	C, DATEJAN 23'61 Cuthun S.	Thank	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

death. Page 4

may be retained by the hospital or attending physicion.

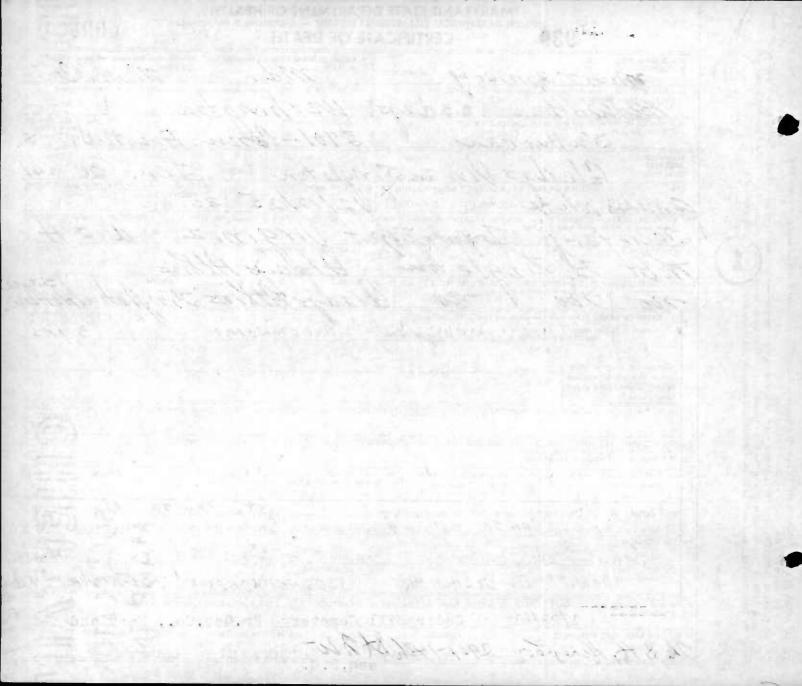
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remay carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL C

VR A15 (4) 1SM 9/59

. F	NACE OF DEAT	u .			2. USUAL RESIDENCE (When	raids assessed flyad. If inc	titution. Residence he	fore admission)
)	a. COUNTY	ront	anner	MARYLAND	a. STATE	D.C. b. COL		Car
	b. CITY OR TOV	VN (If outside corp	ate limits, write c	MINGTH OF STAY IN 16	c. CITY OR TOWN (If go	tside carporate limits, wi	ite RURAL and give n	earest tawn)
	RURAL and gi	ve peofest town	12	23 d 245	- Wash	so face	. 4	7 2-3
2 0	d. NAME OF HO	OSPITAL (If not in h	ospitol, give street add		d. STREET ADDRESS	Jet John	1	e. IS RESIDENCE
6	OR INSTITUT	ON	1		371/_/	Telles	then on	ON A FARM?
4		JUL	urgas		0101-6	oun i	704,110	
	3. NAME OF DECEASED	11	First	Middle	Last /	4. DATE OF DEATH	Manth	Day Year
	(Type or print)	4/2	dy 3 1/1	IVI and	ngleton	CX	Em, o	20 19 6%
	5. SEX	6. COLOR O	R RAGE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In y	ears IF UNDER 1 YEAR	
	Comak	a nihi	AC WIDOWED	DIVORCED T	112/12/2	5 35	yrs.	Hours Min.
7				ND OF BUSINESS OR IND	USTRY 11, BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	a mast at	working life, even	if retired)	and Fixe	not Iliva	パックス	11.	Ji H
1	13. FATHER SNAM	jase		the state of	14. MOTHER'S MAIDEN NA	AME	,	
		1	T' ac	la Long	11/1/	ML		
	11007	. 12.	2/1/4/	E 1000	tal way	15/7/11/	Address	1
	IS. WAS DECEASED	(If yes give wor o	r dates of service	CIAL SECURITY NO. 17.	INFORMANT /	12V -	Address	1 / game
	-200	100	0 -	100. 1	tladys HI	11725	ingheto	NHSHALL
	18. CAUSE OF	DEATH [Enter on	ly one cause per line	for (a), (b), ond (c).]	, ,		1 1	NTERVAL BETWEEN
	PART I	DEATH WAS CAU	SED BY:	MLIQNANI	MeLAR	IOMA	0	3485
	10	1MMEDIATE 1	DUE TO	7				
	Caralistana	000	10210					
		If any, which to immediate	(b)					
		ting the under-	DUE TO				COLUMN TO THE	
12.	lying cause		(c)		TALLOS DOLLARS TO THE TERMIN	AL DISCASS CONTRACT	COUCH IN BART 1/-	10 WAS ALITOPSY
	NO PART II	OTHER SIGNIFICA	INT CONDITIONS CO	NTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION	N GIVEN IN PART TO	PERFORMEDY
	5							YES NO
	20a. ACCIDEN	T WAS UNDERLYIN	G C 206. DESCRI	BE HOW INJURY OCCURE	ED. (Enter nature of injury in Po	ort I or Part II af item 16	3.)	
1	OR CONTRIBU	TIFY MEDICAL EXA	MINER)					
	S 20c. TIME OF I	NJURY Manth, I	Doy, Year 20d. INJI		PLACE OF INJURY (Hame, farm,	20f. (City or town)	(Coun	ry) (Stote)
	Y 20c. TIME OF I		White of work	INDI WHITE	octory, street, office bldg., etc.)			
		. m.				re) /	D : /1	
		111		d the deceosed from	1/173	,		that (1) (we) last
	saw the de	ceosed alive a	n /41 20	19 <u>41</u> , and that	death accurred at	M, fram the cause	s and an the do	
	220. SIGNATU	RECLIFE	a 0.	4-	ATTENIDING ME	CTAFE		22b, DATE SIGNED
	1 5/2	Will E.	de Fant	les	M.D. PHYS. MEI	ECTOR PHYS.		JAN 206
	22c. PHYSICIA NAME (T)	N'S	× - N	1 . 6/	22d. ADDRESS		1 . 4	1
	(4A/ME (1)	Vehil	to De	LAWTER	8025 HBE	RDEENKL	, orthe	SOH 14, Md
	23g. BURIAL COEN	ATION 235, DAT	E THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, to	own, or county)	(State)
	REMOVAL (Sp		2/67	Cedar Hil				
	24 FUNEDAL DIRE	TOR'S SIGNATURE	-)/ 01	ADDRESS		Pr. Geo. Co	REGISTRAR'S SIGNA	TURE
	MA O _	JON S SIGNATURE	1/2 2	201211111	メイント	E C E .		
	INQ DIT	1 seny	00 2	1 / Ten A	DATE DATE	23'61	arthur S. The	MA
				W	ash, D.C.			



STATE DEPARTMENT OF HEALTH Division of ATISTICAL RES AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Whare decessed lived, If institution: Residence before edmission) COUNTY director. Page Health, b. COUNTY files. b. CITY OR TOWN (if outside corporete fimits, clumbia MARYLAND c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete limits, write for your write RUKAL end give nearest town) of Takoma avK ashina Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE funeral ON A FARM? Washing 3. NAME OF State HOSDI+al YES NO death, DATE Year DECEASED OF and 3 to the the (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. may last birthdey) Hours Months Female WIDOWED X and Sh DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Hone during most of working life, aven if retired) PM3. Page in pencil in Item 18. Give Pages 1, pages 1 14. MOTHER'S MAIDEN NAME EATHER'S NAME 13. ammerly permit, File WAS DECEASED EVER IN U.S. ALMED FORCES? 17. INFORMAN (Yes-no, or unkown) | (If yes give war or detes of service) tarium y Hespital Kecir Office along with burial-fransit perm None 18. CAUSE OF DEATH [Enter only one cause per line INTERVAL BETWEEN ONSET AND DEATH PART f. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) removal, DUE TO "pending" geve rise to immediate ceuse 10 DUE TO 98 (a), steting the underlying Medical Examiner cause lest. (c) cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be NO V 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part II or Part II of item 18.) Page 3 PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (Stata) factory, streat, office bldg., atc.) While Not While should be forwarded to the FUNERAL DIRECTOR: Pairs designated agent, prior t at work at work Harmand 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X and in my opinion Inquiry | Accident ⊀ Homicide Undetermined manner death resulted from: Natural causes Suicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EKAMINER'S NAME (Type) Address (Streat, cltv. town, or county) 22e. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Krous 5M 7/59

La super milesty The table of the service of the Sant Tours Marington Tartest Marington (1) 12 - 1975 at Marington SHYS 12 to P previous La la conservation de la company de la co Caralle Standard Per R - Comment Stand Many makes the second Language William to the second to the second the Themes Wyn Herry Sally Hammerly and the second of the second o Charged The All Conclus Respects TITHAN TO July Success from the region of the Red House Commence and the second

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

941 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ı	941 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	66934
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If ins	
1	Monte omery MARYLAND	a. STATE b. COUNTY	monta
1	b. CITY OR TOWN (if outside Corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest toy))	c. CITY OR TOWN (If outside corporate limits, write R	URAL and give nearest town)
,	Silver Skrug 1/2 yr	20 Selvan Shry	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva straat ddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	8733 Carroll Cur	8733 Cerroll	CUZ YES NOW
	3. NAME OF First Middle Middle	A _ A DATE Month	Day Year
	(Type or print) Mal Sarah S	tell DEATH You	30 1961
	5. SEY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In Jeans IF last blithboy)	UNDER 1 YEAR IF UNDER 24 HRS.
	Leusle white WIDOWED DIVORCED	1-3-1879 82 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, avan if relirad)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Tramed norses relieved	Jour	an-S. C.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
.)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	monon	
	(Yas, no, or unkown) (Ifyesgivewerordatasofsarvica)	INFORMANT Address	01-
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	et. E Moore (Son)	Ilin 2
	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
	110	eclusion	sudden
	HAO DUE TO		
	Conditions, if any, which gave rise to immediate cause (b)		
	(a), stating the underlying DUE TO		
	(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.		PERFORMED? YES NO
1	200. EXTERNAL CAUSE WAS 206. VESCRIBE HOW INJURY OCCURED.	inter nature of injury in Part I or Part II of item 18.)	112 1 110 11
	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
	ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA		(County) (Stete)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA While Not While fect at work at work at work	ory, street, office bldg., etc.)	
	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry	, and in my opinion
	death resulted from: Natural causes 🔀, Accident 🗍, Suic		_
	1 0	CHIEF MEDICAL EXAMINER	
2.	SIGNATURE Trank 1. Broschart	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S T	DEPUTY MEDICAL EXAMINER	-30-61
	NAME (Type) FAANK J. 1300 SChar		
	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, Jown, or	coonty) On (State)
		malin Obern Hyarran	CC 1 To Jangling
	23. FUNERAL DIRECTOR	100 = == 0 101 0 11	RAR'S SIGNATURE
	VI. III C. M. I. V. C. W. C.	DATFEB 2 '61 Orth	41 A. 14.

OWNERS OF STOMER LAW TO STORE HOSEIGNESS OF THE STORE HOSEIGNESS OF THE STORE STORE AND ASSESSED. ET LICEO ET TO ETTE E MINN MAR A ELEMENT A LA LE

4	-	, in	4	V
age		ecto	3	1
۵.		-j	ilec	1
ath.		Prol	pe f	
de		une	P	
	١	he	hau	-
S		y +	2 s	8
OUL		n d	pur	
4 4		Po	-	_
in		Ē	ges	Path
ith		ely	Pa	r de
P		olet	rs.	1fte
onte		amp	ape	Irs o
xe		P	ď	par
e e		a	pa	X
te t		ion	Car	111
Fica		ysic	ave	五
erti		습	em	ent.
th c		Jing	Se	/ ev
eal		end	pelo	an)
e c		P	E.	2.
===		the	The	and
tho		by	÷:	۵,
ires		ned	erm	T OV
nba	ė.	S.g.	+	9
7	Cia	en	ans	, a
0	hysi	s be	+	Ign
The	9	Pa	urio	ma
Ë	din	ate	e 0.	Cre
SIA	Hen	ific	#	ō
YSI	D 1	cer	9	bur
H	0 0	his	r us	0
9	spit	er	2	riar
0	ha	Af	hec	th p
TEN	the	OR:	etac	Do
AT	b,	Ü	P	T
Ö	ped	E	Ď.	P
AL	D.	0 1	anjo	300
PIT	e re	RA	S sh	e
05	y b	Z	e C	Sta
H	BB	T.	pag	the State Baard of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
7		T		
TO HOSPITAL CONTITUDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. I death. Page 4	S> may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.	(4)	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

J		010		CERTI	FICAI	E OF DI	EATH						
	1. PLACE OF DEATH o. COUNTY MONTGO	MERY		MAR	YLAND	- CTATE	RYLANI		d lived. If institu b. COUNT			me odmiss	ion)
	b. CITY OR TOWN (If a RURAL and give near BETHES:	est town)	ts, write	c. LENGTH OF STAY	(IN 1b	c. CITY OR T			rate limits, write SPRING	RURAL ond	give ne	arest fown)
1	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, s SUBUR		address)		d. STREET A		n Spri	ing L an	е		e. IS RES ON A YES	FARM?
	3. NAME OF DECEASED (Type or print)	HOWA		Middl R.	STO	CKER tos		4. DATE OF DEATH	Ja	nth N •	16	,	Year 19 61
	s. sex date	Wh ite	7. MAR WIDOW	RIED NEVER MARR		DATE OF BIRTH	9/84		9. AGE (In year last birthday) 76 yr:	Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
	10a. USUAL OCCUPATION during most of working	(Give kind of work g life, even if refired	done 10b.	U.S. Gov			ACE (Stote o		ountry)	12.CI	U/S		OUNTRY?
)	13. FATHER'S NAME Jackson	n Stuker	STO	CKER		14. MOTHER'S	Mary	unkn	own				
	15. WAS DECEASED EVER I	N U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO		e – Jen	nifer	Sa		dress bove			153
	18. CAUSE OF DEATH	Enter only one co WAS CAUSED BY: WMEDIATE CAUSE (c	0	ine far (a), (b), and (c	5	Deur	npe	usu	tion			ERVAL BE SET AND	
	416 X Conditions, if any		- /	Pheum	lu	Lei	er	a	(6)			2.	
	gave rise to immore couse (o), stoting the lying couse lost.					-							
	PART II. OTHER	R SIGNIFICANT CON	,	CONTRIBUTING TO DI	EATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION G	IVEN IN PA	(RT 1(a)	PERFO	AUTOPSY RMED? NO []
		CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of	finjury in P	art I or Por	t II of item 1B.)				
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. While of wo		20e. PLAG	E OF INJURY (I	Home, farm, bldg., etc.	20f. (City	or town)		(Caunty)		(Stote)
	21. I certify that saw the deceased		s la	/ /			2	4		21, 19 and an th		, , ,	
	22a. SIGNATURE						at death accurred at ATENDING ATTENDING M.D. PHYS. DIRECTOR PHYS. 16 Fig. 16						
	22c. PHYSICIÁN'S NAME (Type) William D. Aud									Spi	ing,	Md.	
	23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		OF .	23c. NAME OF CEA		CREMATORY CEMETERS			ING, PE			(Stat	e)
	24. FUNERAL DIRECTOR'S	GNITHEEX.	INC.	STEVER S	PRING	MD.	250. REC'E	N 2 5 16	TRAR 2Sb. REC	SISTRAR'S !			

W ... evens as cases wollings - calls - This location

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01	. 13.014	٠.	31711311071	KESEKKE		KECOK		- 00	
4 3			CE	RTIFIC	ATE	OF	DE	AT	Ή

00936

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
mortgamery MARYLAND	o. STATE D. C. b. COUNTY
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest fown)	c. GTY OR TOWN (If ourside carporate limits, write RURAL and give nearest town) Uasara 11 na for 47x-3
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OVOKE (IVOU & Foundation	d. STREET ADDRESS 911 R: Henthouse St. N. W. O. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Rucy DeceaseD	Stoner 1. DATE Jan, 27 1961
5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Dec. 19- 1894 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Life (Feel (vet) U.S. Gov.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Alexanderia Va. USA,
13. FATHER'S NAME Tenharra	6/izabeth De Vaughu
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown) (If yes, give war or dates of service)	HOSIHAL Records
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	y Ocely Sion INTERVAL BETWEEN ONSET AND DEATH SOME
Conditions, if any, which)	
gove rise to immediate couse (a), storing the <u>under</u>	
, ,	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
3 Healer pulmonaxy to.	Rheunatoid atthitis PERFORMED? YES NO DE
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED) (Enter noture of injury in Port I or Part II of item 18.)
	LACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State octory, street, office bldg., etc.)
21. 1 certify that (I) (this haspital) of tended the deceased fram. sow the deceased alive on 1901, and that	2-22- 1960, ta 2-27-, 1961, that (1) (we) lost death occurred at 7200, from the couses and on the date stated above.
22a. SIGNATURE AND SIGNATURE	M.D. ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S NAME (Type) C. H. LIGON	22d. ADDRESS Southy Spring, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY COLORS	Hell Sentland Md
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOT	REPOSE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/59

All was the wind of the way the

please any by the FUNERAL DIRECTOR: 3 shauld

944 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Montgomerv Montgomerv b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Bethesda Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION Suburban Hospital 5606 Sonoma Road YES NO TO 4. DATE Middle Year DECEASED Ralph Waldo Strawbridge DEATH (Type or print) 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH S. SEX June 29, 1876 White Male DIVORCED T WIDOWED I 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Principal-high school Public Schools Pennsylvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Neilson Strawbridge Elizabeth Duncan 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Mrs. Jennie R. Strawbridge-Same Item #2-Wife None No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). 420,0 DUE TO DECOMPEN Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying cause last PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (Stote) Doy. Yeor (County) Hour o. m. foctory, street, office bldg., etc.) Not while at work at work p. m 21. I certify that (1) (this hospital) attended the deceased fram. 1961, and that death accurred of 23th, from the causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. 22c. PHYSICIAN'S ADDRESS 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Center Cemetery Stewartstown Pennsylvania Buria 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR

DATE JAN 3 0 '61

Colling & Turas

Robert A. Pumphrey-Bethesda, Maryland

15M 9/59

Newscape arrest			101
		minw	
	ola Penastivanus	in squool I malio denu	n-lagioni-u
	L'hizabeth Duncan	sgbirdwaniE noell	sk liquart
e-saue Item #3	der Jennie 2. Strawbridg	None .	
	13 Ave 14 19 19 19 19 19 19 19 19 19 19 19 19 19		
	Semetery Stawfirst	t/88/13Ul Center	
	bonsy:	unphrey-Holligsda, Mar	ol ./. rado

CERTIFICATE OF DEATH Rea. Dist. No. eral director, be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Maryland b. COUNTY MARYLAND Montgomery funeral b. CITY OR TOWN (If outside corpgrote limits, write) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) 2 shauld Wheaton Wheaton d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2813. Hardy Ave YES | NO Hardy Avenue á pup . 5 NAME OF Middle 4. DATE Month Day Yeor filled DECEASED 1. WOOD FUGFNF (Type or print) amary DEATH 1961 6. COLOR OR, RACE 7. MARRIED NEVER MARRIED 9. AGN (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months WIDOWED [7] DIVORCED | yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Mail Carrier Post Office Pennsylvania S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida (unknown Samuel Stump 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address Yes Marguerite.E. Stump 2813. Hardy 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) mu known DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO IT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o. m foctory, street, office bldg., etc.) While Not while ot work at work an 21. I certify that I ottended the deceased from ... 19 / that I lost sow the deceased and that death occurred at 8 00 olive on A.M. from the couses and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL 3 shauld PHYSICIAN'S NAME (Type) TO FUNER BURIAL, CREMATION, 22b. DATE THEREOF 22d. COCATION (City, 16wn, or county) 22c. NAME OF CEMETERY OR CREMATORY pode (Stote) .16.1961 Hill Cemetery Cedar 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 300.4th.st N E. Wash. DATE AN 1 3 '61 Oribur & Kraus 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page ,

	HTAZO TO	CATE						
Commented Services								
		4						
	S 18							
			34.3					
The substitution of the su								
	STORY AND							
a diversion of the comment		PLOS.						
St. 1. 2. Summer of South	SEA TO	Lik		1.5				
	- 4-1							
THE PARTY IN THE PARTY STEEL BEINGER								
Service and the least of the Service and the S				1 to				
					31.			
				317		NE.		
	The Park				194 (E. 1)			
			Store.	POST OF			mri, end	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	ATE OF DEATH.	CERTIFIC	an Agra	
Maria Salat Salat				
THE STATE OF THE S				
	Alta Hamilton			
2 - HS 22				
THE COLUMN TO BE A TANK		COP BY THIRD AND SHEET		
	and the state of			
		TOTAL CHANGE		
				CARL C
		Principles of the control of the con		
			E MANAGES	1 12 10
				3
			William Control	

MARYLAND STATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

I director, filed with Funeral pe pluods the by 42 and 2. filled ages papers. campi and pou carl physician remove offending edse ā

gued

has been

moy be retoined by the TO FUNERAL DIRECTOR:

15M 9/58

TO HOSPITAL CO. may be retained

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

-								
	CE	RI	IFI	CA	TE	OF	DE	ATH

b	U	y	4	1	

		96	Co. F	CERTIF	ICATI	E OF DI	EATH							
1.	o. COUNTY Montgomer	У		MARYL		o. STATE		here deceased	b COUNTY	-	nce befa	re admissi	an)	
	Bethesda	(Rural)		c. LENGTH OF STAY I	N 1b									
P	d. NAME OF HOSPITA OR INSTITUTION P Patuxent Ri	l (If not in hospital, given from the f	n Sta	tion Hosp.		d. STREET A		Court	15	XS	2		DENCE FARM? NO	
3.	DECEASED	First		Middle		Last		4. DATE OF	Mar		Do	,	ear	
5	(Type or print) SEX	Linc 6. COLOR OR RACE		Gay		TATO		DEATH	9. AGE (In years	Uary	12	IF UNDE	961	
	Female	White	VIDOWED	D NEVER MARRIED	-	7-16-5			last birthday) yrs.	Months	Days	Haurs	Min.	
10		N (Give kind of work doing life, even if retired)	ine 10b. K	IND OF BUSINESS OF	NDUSTR	Y 11. BIRTHPL		ar foreign ca	untry)	12. CI1	USA	WHATC	OUNTRY?	
13	. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME					7.79	
1	Carl J. TAT	ON					Mari.	lyn CO	LE					
15	bs, no, or unknown) (IN U. S. ARMED FORC If yes, give war or dates of sen	vice)	OCIAL SECURITY NO.	17. INFO					lress				
丰	NO IB. CAUSE OF DEA	TH [Enter anly one caus		one	(F)	Carl J.	Tat	on, sai	me as #2	abvo		RVAL BE		
7	3 440, Canditions, if an gave rise to in cause (a), stating t lying cause last.	nmediate (ingitis, a				NAME DISTANCE	COMPLIANCE	VENT IN SAL	PT 1/->\\	8 hr		
CERTIFICATION	G G	ulture pos	itive	for H. I	nflu	enza				VEIN IIN FAI		PERFO	RMED?	
		☐ CAUSE OF DEATH	90b. DESCR	RIBE HOW INJURY OC	CURRED.	Enter nature a	f injury in	Part I ar Part	II of item 18.)					
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Year	20d. INJ While at wark	Nat while	facta	E OF INJURY (I ry, street, affice		:.)			(Caunty)		(State)	
9	,	ed alive an Jan		.63		Jan. 12 oth accurred	17:15	OAM	Jan. 12 the causes ar			stated		
	22a. SIGNATURE	3. and	en		M.I		DI DI	ED.	STAFF PHYS.		1	-12-	SIGNED	
	22c. PHYSICIAN'S NAME (Type)	D. G. ANDER	RSON,	LT, MC, U	SN	22d. ADDRE		ospita]	L, Patux	ent R				
23	Bo. BURIAL, CREMATION REMOVAL (Specify) Burial	N, 23b. DATE THEREOF	/	23c. NAME OF CEME Arling		REMATORY ational			ION (City, town,			(State		
	FUNERAL DIRECTOR'S	' /	1	ADDRESS				D BY REGISTI		ISTRAR'S SI				
	Mattingly F	uneral Home	, Le	onardtown,	Md.		DATE JA	IN 17'8	a	rthur S.	. Tiral			

PLASE SO STARRIES TERREST TO THE PERSON OF THE P NCCHA JOS LINESCONIA DAK designing and last The Residence of the Re Salahan Court

1 EE E 2 ...]

North E (2) Coult J. Thicop. tone as -2 advot

Mandager , all regited - - -

To the state of th

J. C. Museussi, J., W. W. Sortion Repital, Engage sayer, Mr.

She yangan.

Aleger. develope a lemitor of state

VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00942 Rea. Dist. No

	949		CERTI	FICA	TE OF DEA	TH		Reg. Dist.	しいけせ No.	6
PLACE OF DEATH o. COUNTY MONTO	GOMERY		MARY	LAND	2. USUAL RESIDENCE o. STATE VIRGI		ed lived. If instituti b. COUNTY	ution: Residence before admission		
	If outside corporate limits,	write c.	LENGTH OF STAY 3 MONTHS		c. CITY OR TOWN		porote limits, write F	RURAL ond give	nearest tawn)	R -
d. NAME OF HOSPI OR INSTITUTION BELMON	TAL (If not in hospital, given NURSING HO		iress)		d. STREET ADDRES	SS	EAST OCEAN	N VIEW	e. IS RESID ON A F YES	ARM
NAME OF DECEASED (Type or print)	First ROSEMARY		Middle SUSAN		Lost UTZ	4. DATE OF DEATI	Mor		Day Ye	ear 6
SEX FEMALE		MARRIED	NEVER MARRI	_	OCT. 3. 18	385	9. AGE (In years lost birthdoy) 75 yrs.	Months Do	AR IF UNDER	24 F
Od. USUAL OCCUPATION during most of work the most of work the most of work the most of the	ON (Give kind of work do king life, even if retired)		N HOME	OR INDUST	11. BIRTHPLACE (S VIRGI 14. MOTHER'S MAID UNKNOWN	INTA EN NAME	country)		S. A.	UNT
S. WAS DECEASED EVI	ER IN U. S. ARMED FORCE (It yes, give wor or dates of serv	ice)	CIAL SECURITY NO		FORMANT RS. HELEN E			resWASHII GEORGIA		
gove rise to cause (o), stating lying couse lost. PART II. OT		TIONS CON	NTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	VEN IN PART 1(o) 19. WAS AU PERFOR!	JTO MED
PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING 20	0b. DESCRI	BE HOW INJURY O	CCURRED	. (Enter nature of injur	y in Part I ar Po	art II of item 18.)		YES 🗌	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work of										
21. I certify the alive an	nat I attended the of 1-3 ROY B. PARS	196	1	death	, 19.60, ta accurred at 12: .b. 15544			that I last:		abo
2a. BURIAL, CREMATIC REMOVAL (Specify BURTAT.	DN. 22b. DATE THEREOF		2c. NAME OF CEM		CREMATORY		ATION (City, tawn,	or county)	(Stote)	
B. FUNERAL DIRECTOR	'S SIGNATURE	INC.,	ADDRESS SILVER S		240.	REC'D BY REGI	STRAR 24b. REGI	STRAR'S SIGNAL	TURE	-

HOLY THE THE TANK THE PARTY OF THE RESERVE AND THE PARTY OF TH THE COLUMN STATE OF THE CO Table 19 THE DESCRIPTION OF STREET HERE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND STATE DEPARTMENT OF HEALTH STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND STATE DEPARTMENT OF HEALTH STATE DEPARTME

00943

	200								(10 61	Mary Co.
1. PLACE OF DEATH a. COUNTY			MARYLAN	0.	STATE	(Where decea	sed lived. If institu b. COUNT		ce before admi	ission)
Montgomery	A T.A		ENGTH OF STAY IN 1		orida	Of control and	porote limits, write	DIIDAL and a	rive negreet to	um l
RURAL and give nec	outside corporate limits, varest town)	write C. L		C.	CIT OR TOWN	(it outside cor	porote timits, write	KUKAL OIIG E	and the red est low	4117
Bethesda (F	Rural)		63 days	St	. Peters	sburg	hope	X	1-3	
OR INSTITUTION	AL (If not in hospital, give	street oddr	ess)		. STREET ADDRES				ON	A FARM?
U. S. Naval	L Hospital			5	327 5th	Ave. N			YES [NO I
NAME OF DECEASED (Type or print)	First Henry	v	Middle Clifford	L V.	Lost AUGHN	4. DATE OF DEAT		uary	Doy 10	Yeor 19 68
S. SEX	6. COLOR OR RACE 7.				E OF BIRTH		9. AGE (In year		1 YEAR IF UND	
Male		IDOWED [5-21-91		lost birthdoy)	1410111111	Days Hours	s Min.
	N (Give kind of work don	e 10b. KIND	OF BUSINESS OR IN	DUSTRY 1	1. BIRTHPLACE (S	state or foreign	country)	12. CITI	ZEN OF WHAT	COUNTRY?
	ing life, even if retired)	11	C Norms		T11.	inois			USA	
Musician 3. FATHER'S NAME		0.	S. Navy	114	MOTHER'S MAID				DOM	
	les VAUGHN				Catherin					
	IN U. S. ARMED FORCES	2 14 500	IAL SECURITY NO. 1	7. INFORM		e MION	Ac	dress		
	If yes, give war or dates of service WWI & II					che Vai	ighn, sam		2 above	
18. CAUSE OF DEA	TH [Enter only one cause	per line fa	r (a), (b), and (c).]						INTERVAL	BETWEEN
	TH WAS CAUSED BY:	Mo	ta chat	1/ 5	erek	seal.	+uin	061	ONSET AN	D DEATH
1 1 1 4	IMMEDIATE CAUSE (a)	1/5	74.3100 1					DF	1	
163	DUE TO	0				-	insma		1	Inos
Conditions, if or		13	rancil	100	PHIC	Care	ingma		- /	MOS
gave rise to in couse (a), stating t				2						
lying couse lost.	(c)_							24		
PART II. OTH	ER SIGNIFICANT CONDIT	IONS CONT	TRIBUTING TO DEATH	BUT NOT I	ELATED TO THE T	ERMINAL DISE	ASE CONDITION C	EIVEN IN PAR	PERF	S AUTOPSY FORMED?
3						* D + 1 1	D - 4 11 - 6 '4 3D)		1 153 [J NO LA
PART II. OTH	S UNDERLYING [] 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBI	E HOW INJURY OCCU	RRED. (Ent	er noture of injur	y in Part I or I	rorf II of item 18.)			
20c. TIME OF INJURY Hour a. m.	Y Month, Day, Year	20d. INJUR	Y OCCURRED 20e	PLACE O	F INJURY (Hame,	farm, 20f. (0	City or town)	(1	County)	(State)
Hour a.m.	19	While of wark	Nat while ot wark	foctory,	treet, office bldg.	., etc.)				
	t 🏨 (this hospital) d					- CETAL	Jan. 10			
saw the deceas	ed alive anJan	.,10	19/60, and the	at death	occurred at	- DAKM ro	m the causes	ond an the	e dote state	ed abave.
22o. SIGNATURE		111								22b. DATE
	44h. W	call	1	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		1-3	11-61
22c. PHYSICIAN'S	1-111114	41	- All		22d. ADDRESS					
NAME (Type)	P M HTCHT	4 /10	TO MO IN	CM	II S N	level H	ospital,	Rethes	do Md	
	F. M. HIGHL									
23a. BURIAL, CREMATIO REMOVAL (Specify)	N. 23b. DATE THEREOF	23	c. NAME OF CEMETER	Y OR CRE	MATORY	23d. LO	CATION (City, town	n, or county)	(\$1	tate)
REMOVAL (Specify)	1-16-61		Arlington	n Nat	ional	Ar	Lington		Virgini	La
24. PUNERAL DIRECTOR		0	ADDRESS		25a.	REC'D BY REC	709	GISTRAR'S SI	2 11	
lee Funeral	Home, 4th &	Mass	. Aves N	V. Wa	ShDC DATE	JAN 13	01	Tribun S	. Thank	

death. Page 4 may be retained by the hospital arterial physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban bapers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 pours after peath. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. TO HOSPITAL VR A1S (4) 1SM 9/59

the waters hour, the a man even, Mr. Walley

		AL 1027		128	
			8-, 10-, 0	(1 <i>m</i> :5) a	aside.
		R Levil due 1985		Laulyaca waya	
À.	ca çanarı	il constant	and the second	cunoff	
		5-21-91		dan2uncun0	pfréd
	ARU	elealill	U. S. Hwy	msts	LOUNE
		XXII, onlicensex		MEDUAY asile a	4
erpd	in Estate outer . ca) Men. Manche Valg	W)	ain and the same	Yes
		e mang Investor a Self-talist Albert			
¥	Lav. 10mst				
				.055	
-,,0	4.5	, Military	A A COL	.qo.	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

951

1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who. STATE District of		b. COUNTY	on: Residence befo	ore admission)
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o			URAL and give ne	arest tawn)
RURAL ond give negrest town) Bethesda (Rural)					47	Y
d. NAME OF HOSPITAL (If not in hospitol, give street of	days (days	d. STREET ADDRESS			1	e. IS RESIDENCE
OR INSTITUTION						ON A FARM? YES NO X
U. S. Naval Hospital		1400 Fairmo				
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Mon		
(Type ar print) James	Calvin	VIA	DEATH	Janua		
S. SEX 6. COLOR OR RACE 7. MARR	IED X NEVER MARRIED	B. DATE OF BIRTH	9	last birthdoy)	Months Days	Hours Min.
Male Caucasian WIDOWE	DIVORCED	3-7-29		31 yrs.	monnis bays	Tious Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	ar fareign cou	untry)	12. CITIZEN O	F WHAT COUNTRY?
during mast af working life, even if retired) Mariner (Retired)	U. S. Navy	West V	irgini	8.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME			
James W. VIA		Mary E. L	AFORN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	PIT OILL	Add	ress	
Yes, no, or unknown) If yes, give war or dates of service)			Wile		110 ahan	
Yes WWII & Korean 2) Mrs. Mary M	. via,	same as		
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY:				,		SET AND DEATH
IMMEDIATE CAUSE (o) THE	UMATIC HEART	DISEASE INAC	TIVE;	MITR	AL	
DUE TO			- 30			
Conditions, if ony, which) (b) STE	VOSIS AND INSU.	FPICIENCY; A	ORTIC	INSUFF	ICIENCY)	
gove rise to immediate cause (o), stating the under-						
lying cause last.						
Z PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS C						YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I ar Port	II af item 1B.)		
200. ACCIDENT WAS UNDERSTRING IN CONTRIBUTING IN CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	NJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, farm	206 ICity	or town)	(Caunty) (State)
A Hour o.m. While	Nat while fa	ctary, street, office bldg., etc		or rawing	(Cuom)	(3,0,0)
p. m. 19 at war	k at wark					
21. I certify that (this haspital) attend	led the deceased fram.	Jan. 18	61 , ta	Jan. 25	19.61, 1	hat 🖖 (we) last
saw the deceased alive an Jan. 25		death accurred at	M, fram t	he causes an	d an the date	e stated abave.
220. SIGNATURE		THE MUST STORY	74177			22b. DATE SIGNED
A mcCleuathan		M.D. PHYS. DI	ED.	STAFF PHYS. X	1-2	26-61
22c. PHYSICIAN'S	11/10/17/17	22d. ADDRESS				
NAME (Type) J. E. MC CLENAT	HAN, CDR, MC,	USN U. S. Na	val Ho	spital,	Bethesda	. Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O			ON (City, lawn,		(State)
REMOVAL (Specify)	Oakwood C			nceton		Virginia
Burial-Shipment 1-21-01	ADDRESS		D BY REGISTS		STRAR'S SIGNATU	
Chevy Chase Funeral Home,	5103 Wisc.Ave.	NW, WashDCOATE	N 3 0 '61	0.	Thung S. Thai	14

0.51 domined to a through Transport of the HOY SELECTED 6 20 3 THE SECRETARY SEC. Ley Late of Eaved R . D Beiter, May de Langue Children Letter es WIN . W somet Tes . While the treets 250 56 7677 (a) Mrs. Mary H. Yla, mich as he copye

Stability and the production of the 1941 of the party and the party and

J. S. OD OLSKIE, COR, NO, UEK D. David Boay Chill, Detheron, Mil

These Mount Ponted Home, 5202 Miss. ov Marghet Nasa and

FOR STATE MEALTH DEP

s necessary,

please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any even within 72 hours after death. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any def TO DEPUTY

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
a. COUNTY MONTGOMERY MARYLAND	6. STATE MARYLAND 6. COUNTYMONTGOMERY							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) SILVER SPRING 12 years	c. CITY OR TOWN (If outside corporata limits, writa RURAL and give nearest town)							
	SILVER SPRING							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 10,218 COLESVILLE ROAD	d. STREET ADDRESS 10,218 COLESVILLE ROAD 10,218 COLESVILLE ROAD 10,218 COLESVILLE ROAD							
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year							
(Type or print) JOSEPHINE ESTHER	VIPOND DEATH JAN. 31 19 61							
5. SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 WHITE WIDOWED DIVORCED	. DATE OF BIRTH 2/10/78 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.							
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
done during most of working life, even if retired) Housewife own home	Wisconsin U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Joseph Edge	Lucinda Gilbert							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Il yesgive war or dates of service) yes	Louis M. Vipond, 10,218 Colesville Rd.							
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	Silver Spring, Md. I INTERVAL BETWEEN							
	ONSET AND DEATH							
IMMEDIATE CAUSE (a) Coronary of	Eclusion sudder							
DUE TO								
Conditions, if eny, which gave rise to immadiate cause (b)								
(a), stating the underlying DUE TO								
cause last. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS CONTRIBUTING	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO							
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Port II of item 18.)								
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, oilica bidg., atc.)							
21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion							
	ide , Homicide , Undetermined manner							
	CHIEF MEDICAL EXAMINER							
ACTUAL TO A BOOK & A	ACCICTANT MEDICAL EVALUATE TO THE GLOSIER							
SIGNATURE SHOWS IN THE STATE OF	DEPUTY MEDICAL EXAMINER 1 1-31-61							
RAME (Type) FRANK J. BROSCHART	Address (Street, city, town, or county)							
22a. Burial, CREMATION, 22b. DATE THEREOF SCALES MOUND CI	CREMATORY 22d. LOCATION (City, town, or country) (Stela)							
23-144-FRANCIPECTO PUMPHREY -INC. SOPRESER SPRIM								
Raymond a. Biska	DATE FEB 6 '61 arthur S. Know							
	T WALLS							

THE REAL PROPERTY OF THE PROPERTY AND THE PROPERTY OF THE PROP AROT LIBERTANCE STEEL TO SEE THE SECOND PARTY OF THE SECOND PARTY TO STOLE MINO The Mile Man and the Man and t and 2110 Bank as the Walk State of Ale to The ale of the mangalative

VR A15 (4) ISM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

MORE 1, MARYLAND

Ø	Ur	SIMIISTICAL	KESEAKCH	AND	KECOKD	3 —	DALIIN
		CEI	RTIFICA	ATE	OF I	DEA	HTA

1 6 4 6 6 6 6 6 7 1	
0.6946	

		953	DIVISION OF STATIS		TE OF DEATH	MORE I, MARTI	AND	6946
		LACE OF DEATH . COUNTY Mont G	majes	MARYLAND	2. USUAL RESIDENCE (Who a. STATE		If institution: Residence	before admission)
1		CITY OR TOWN (If autside copord RURAL and give pearest town	sda 2	GTH OF STAY IN 16	c. CITY OR JOWN (IF o	utside gorporate limit	s write RURAL and gi	<
		OR INSTITUTION CLOB LL	pital, give street address		Hastingt Appress	Wood	Trive	e. IS RESIDENCE ON A FARM? YES NO
		IAME OF IECEASED Type or print)	-tha	E//a	Wade	4. DATE OF DEATH	Eur,	Day Year /6 /
1	S. S	emale whit	WIDOWED X	DIVORCED _	8. DATE OF BIRTH	5 9. AGE last b	yrs. Manths [YEAR IF UNDER 24 HRS. Days Hours Min.
/	/	USUAL OCCUPATION (Give kind of during most af warking life, even if	retired)	of Business OR INDI	Fras	uce	12. CITIZ	EN OF WHAT COUNTRY?
	13.7	The greste	15 Rol.	lett	14. MOTHER'S MAIDEN N	IAME		
	1S. (Yes.	WAS DECEASED EVER IN U. S. ARME	ED FORCES? 16. SOCIAL S	SECURITY, NO. 17.1	Hime K	wade	Addyess /	224 -wood It
		1B. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSE IMMEDIATE CA	DBY: OR W	a), (b), and (c).]	Infantas	1		INTERVAL BETWEEN ONSET AND DEATH
		Canditians, if any, which	(b) Cer	elral -	thrombos	is		8 h.
		lying cause last.	(c) Cas	elral c	arteriord	Perosis		Bucher
	CATION	PART II. OTHER SIGNIFICAN	T CONDITIONS CONTRI	BUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH	U ³	ED. (Enter nature of injury in l	JESTA B		
	MEDICAL	20c. TIME OF INJURY Manth, Da Haur a.m. p.m.		occurred 20e. P	LACE OF INJURY IHame, farm actory, street, affice bldg., etc	, 20f. (City ar tawn) (Co	ounty) (State)
		21. I certify that (I) (this ha saw the deceased alive an.		//	death occurred at 6:00	M, fram the co	/ /	L, that (I) (we) last date stated abave.
		220. SIGNATURE	2. Januar	200	M.D. ATTENDING MI	1	F	22b. DATE SIGNED
		Stephen N. Jo	nos		22d. ADDRESS ROCKVII	le, Mary	land	/ /
		BURIAL, CREMATION, 23b. DATE TO REMOVAL (Specify) 1/17	/61	NAME OF CEMETERY		23d. LOCATION (CI	Massachu	(State)
	24.	Tyson Wheeler,	, Rockvill	e, Maryla		- 104	256. REGISTRAR'S SIG	

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MCL R - /2 YES NO SON A FARM 3. NAME OF DECRASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 17 FAR IF UNDER 24 HRS 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 3. FATHER SAME 13. FATHER SAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. MOTHER'S MAIDEN NAME 16. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: ON MOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS' PERFORMED? PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS' PERFORMED? PERFORMED? PE		303				1,11,14
DECEMBER S. COUNT I MANY B. C. CITY OR FOWN IS BUILD A grown limit, write RURAL end give ordered lown) WITTER FOWN IS BUILD A grown in the supplied of STAY IN 18 b. WITTER FOWN IS BUILD A grown in the supplied of STAY IN 18 b. WITTER FOWN IS BUILD A grown in the supplied of STAY IN 18 b. WITTER FOWN IS BUILD A grown in the supplied of STAY IN 18 b. C. CITY OR FOWN IS BUILD A grown in the supplied of STAY IN 18 b. WITTER FOWN IS BUILD A grown in the supplied of STAY IN 18 b. WITTER FOWN IS BUILD A grown in the supplied of STAY IN 18 b. WITTER FOWN IS BUILD A GROWN IS BUILD A grown in the supplied of STAY IN 18 b. WITTER FOWN IS BUILD A grown		H		11		
b. CITY OR TOWN (If outlide proposed limits, with BURAL and give netwest lown) With BURAL and give netwest lown) d. NAME OF NOTTHILD RISTITUTICA (if not in hospite), give directed detail) d. NAME OF NOTTHILD RISTITUTICA (if not in hospite), give directed detail) d. STREET ADDRESS S. COLOR OR BACE 7, MARRIED NEVER MARRIED 10 DATE	a. COUNT	1 Da Tarandan	MARYIAND	a. STATE	b. COUN	man Es
S. NAME OF HOSTITAL OR INSTITUTION (i) and in hospitel, give street address) S. SEET ADDRESS S. IN RESIDENT ON A FARM OF HOSTITAL OR INSTITUTION (i) and in hospitel, give street address) S. OATE OF BIRTH	b. CITY OR TOWN	lif outside corporete limits.		c. CITY OR TOWN	(If outside corporate limits, write	RURAL and give nearest town)
d. STREET ADDRESS S. RESIDENCE A. DATE Month Day Yes No. A FARM No.	write RURAL en	d give negrest town)		000		None and give inches form,
Mark OR	Cla					
NAME OF DECERBED (Type or pinnt) STATE OF DECERBED (Type or pinnt) STATE Middle Middle STATE Middle M	d. NAME OF HOSPI	TAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS	/ /	IS RESIDENCE ON A FARM?
DECERSED (Type or print) (Type	mel	R-121		mel A -	./2/	YES NO Z
COLOR OR RACE 7, MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. ACG 1 years FUNDER 174 AR 10 MEET 10 MEET 14 MODITAL 12 MODER 174 AR 15 MODER 174 AR 16 MODER 174 AR 17 M		First	Middle	Last		Dey Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 0. DATE OF BIRTH 9. Add fin years IF LUDGET YEAR F. LUDGET 24 HRS 100 LOCATED		B 10	111000	2 17		10 les
Dev. SUAL COCCUPATION (Give kind of work) Dev. White Dev. Willow	5. SEX	16. COLOR OR RACELZ MA			19. AGE Un years	
IDD. USUAL OCCUPATION (Give kind of work done during most of working life, even if relived) IDD. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stele or foreign country) III. MOTHER'S MANDE III. MOTHER'S MAIDEN NAME III.	hand	A .	THEY ER MITTAKE		les birthdey)	
done during most of working life, even if retired) 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY: 10. DUE TO 10. Condition, if any, white cause (e) 10. Set and DEATH general course (e) 11. The part is to immediate cause (e), stelling the underlying of the course of	Mace.	111111111111111111111111111111111111111				
S. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMEDEORGES? 16. SOCIAL SECURITY NO. 17. INFORMALT 13. dates 15. WAS DECEASED EVER IN U.S. ARMEDEORGES? 16. SOCIAL SECURITY NO. 17. INFORMALT 13. dates 15. WAS DECEASED EVER IN U.S. ARMEDEORGES? 16. SOCIAL SECURITY NO. 17. INFORMALT 13. dates 15. WAS CAUSED BY, 15. WAS CAUSED BY, 15. WAS CAUSED BY, 16. SOCIAL SECURITY NO. 17. INFORMALT 15. WAS CAUSED BY, 15	done during most of we	ION (Give kind of work IDI orking life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stet	e or foreign country)	0 47
14. MOTHER'S MADIEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMALT 17. STATE 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).] 19. WAS AUTOPS: 19				me		n-5. E
15. MAS DECEASED EVER IN U.S. ARMODICACES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. Address 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c).	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
15. MAS DECEASED EVER IN U.S. ARMODICACES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. Address 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c).	Brad.	es elladi	0	4, 12 24	Kun	
Yes, no, or unkown	15. WAS DECEASED EV		16 SOCIAL SECURITY NO 17 1			
18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (b) DUE TO Conditions, if eny, which gave rise to immediate cause (c), stelling the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS 2De. EXTERNAL CAUSE WAS PERFORMED? YES NO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer While of work work of at work at work of at work at					73 Harr	mond Dir
PART I. DEATH WAS CAUSE DY: IMMEDIATE CAUSE (e) DUE TO Condition!, if eny, which gave rise to immediate cause (e), steling the underlying Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS PART II. OTHER SIGNIFICANT CONDIT			Ver	la coafre	lel Clarks	twe
DUE TO Conditions, if eny, which gave rise to immediate cause (e), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(e) PART III. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(e) PART III. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(e) PART III. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(e) PART III. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(e) PART III. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(e) PART III. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(e) PART III. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(e) PART III. OTHER SIGNIFICANT GOOD IN PART III. OTHER III. OT	the second secon		par lina for (a), (b), end (c).			
DUE TO Condition, if eny, which gave rise to immediate cause (e), steling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPS' PERFORMED? YES NO 2Db. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Pert II of Item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer While of work of the work of the part of			coming or	chusin		Fame Les
Conditions, if eny, which gave rise to immediate cause (e), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS' PERFORMED? YES DEFINANCE OF INJURY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part 1 or Pert II of Item 18.) 20. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part 1 or Pert II of Item 18.) PRIMARY OF INJURY Month, Day, Yeer While of Work of Injury in Part 1 or Pert II of Item 18.) 20. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part 1 or Pert II of Item 18.) PRIMARY OF CONTRIBUTION OF INJURY Month, Day, Yeer While of Work of Injury In Part 1 or Pert II of Item 18.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection of Inquiry	11100					on 2/
DUE TO Country Country	Condition					Jun 9
[e], steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPS' PERFORMED? YES NO 20. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF CAUSE OF DEATH. 20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF CAUSE OF DEATH. 20e. TIME OF INJURY Month, Day, Yeer While of work of the work		liata cause				- me
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS' PERFORMED? YES NO 20e. EXTERNAL CAUSE WAS OF DEATH. 20e. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURED, (Enter neture of Injury In Part I or Pert II of Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURED, (Enter neture of Injury In Part I or Pert II of Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURED, (Enter neture of Injury In Part I or Pert II of Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURED, (Enter neture of Injury In Part I or Pert II of Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURED, (Enter neture of Injury In Part I or Pert II of Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURED, (Enter neture of Injury In Part I or Pert II of Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURED, (Enter neture of Injury In Part I or Pert II or Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURED, (Enter neture of Injury In Part I or Pert II or Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURED, (Enter neture of Injury In Part I or Pert II or Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURED, (Enter neture of Injury In Part I or Pert II or Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURED, (Enter neture of Injury In Part I or Pert II or Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURED, (Enter neture of Injury In Part I or Pert II or Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURED, (Enter neture of Injury In Part I or Pert II or Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURED, (Enter neture of Injury In Part I or Pert II or Item 18.) 20e. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURED, (Enter neture of Injury In Part I or Pert II or Item 18.) 20e. TIME OF INJURY MONTH INJURY OCCURED, (Enter II) or Item 18.) 20e. TIME OF INJURY MON		DUETO				
PERFORMED? YES NO 2De. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 2De. EXTERNAL CAUSE WAS PRIMARY or COUNTRY or COUNTRY (State) ADDRESS 2De. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 2De. EXTERNAL OR Form 18.) PRIMARY or CONTRIBUTING PRIMARY or COUNTRY (State) PRIMARY or CONTRIBUTING PRIMARY or CONTRIBUTING PRIMARY or COUNTRY (State) PRIMARY or COUNTRY (State) PRIMARY or CONTRIBUTING PRIMARY or CONTRIBUTING PRIMARY or CONTRIBUTING PRIMARY or CONTRIBUTING PRIMARY or COUNTRY (State) PRIMARY or COUN		1 / 444				
20c. TIME OF INJURY Hour a.m. p.m. 19 20d. INJURY OCCURRED While Not While at work of fectory, street, office bidg., atc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection of the intervention of the i	PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	
20c. TIME OF INJURY Hour a.m. p.m. 19 20d. INJURY OCCURRED While Not While at work of fectory, street, office bidg., atc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection of the intervention of the i	-					
20c. TIME OF INJURY Hour a.m. p.m. 19 20d. INJURY OCCURRED While Not While at work of fectory, street, office bidg., atc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection of the intervention of the i	2De. EXTERNAL C.		SCRIBE HOW INJURY OCCURED. (Enter netura of Injury In Pa	art I or Pert II of Item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 19 20d. INJURY OCCURRED While Not While at work of fectory, street, office bidg., atc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection of the intervention of the i	PRIMARY OF CO					
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED EXAMINER'S NAME (Type) FAAUK J. Broschaut Address (Street, city, town, or county) 222. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial Jan. 6 1961 Laytonsville Laytonsville Laytonsville Md 23. FINERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE			D4 INTERV OCCUPRED 1 300 BLA	CE OF INITIDY (Home for	= 1 206 (Cltv on town)	(Carrata) (Carrata)
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED EXAMINER'S NAME (Type) FAAUK J. Broschaut Address (Street, city, town, or county) 222. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial Jan. 6 1961 Laytonsville Laytonsville Laytonsville Md 23. FINERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE	Hour a.m.			ory, streat, office bldg., at	c.)	(County) (State)
death resulted from: Natural causes [X], Accident [], Suicide [], Homicide [], Undetermined manner [] ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE [] EXAMINER'S NAME (Type) FAANK J. Broschauf Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial Jan. 6 1961 Laytonsville Laytonsville Md 23. ENERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	₹ p.m.	19 at	work at work			
CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS DEPUTY MEDICAL EXAMINER ADDR	21. I certify the	hat I took charge of the	remains described above, he	eld an Autopsy .	Inspection . Inquir	y and in my opinion
CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS DEPUTY MEDICAL EXAMINER ADDR	death resulted	from: Natural causes	Accident . Suic	ide T. Homicide	, Undetermined m	anner 🗍
ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER A DEPUTY MEDICAL EXAMINER A DEPUTY MEDICAL EXAMINER A DEPUTY MEDICAL EXAMINER A Addrass (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) BURIAL Jan. 6 1961 Laytonsville ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			A ,		_	
DEPUTY MEDICAL EXAMINER A Addrass (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial Jan. 6 1961 Laytonsville Address Address 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	acrual.	J- 10 B				
NAME (Type) Addrass (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial Jan. 6 1961 Laytonsville ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	SIGNATURE	panx y. 1)	rescharge	M.D.		
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stote) Burial Jan. 6 1961 Laytonsville ADDRESS 24b. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		FLANK J.	Broschart			- 4-61
Burial Jan. 6 1961 Laytonsville Laytonsville Md 23. MARRAL DIRECTOR ADDRESS ADDRESS ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE			22c. NAME OF CEMETERY OF			or country) (State)
23. FUNERAL DIRECTOR ADDRESS 246. REGISTRAR 246. REGISTRAR'S SIGNATURE	Burial	Jan. 6 1961	Laytonsville		Loretonandaa	24.2
				1 24a. RE	C'D BY REGISTRAR I 24b. REG	ISTRAR'S SIGNATURE
rames H. Granier Ed volleville. Md. Date JAN 1 01	1. (//				
	frames]	4. Grancer	J OOID ATTTE • I	DATE	JAN I I UI	Over-1 24.

AND AND AND SHAMMARKS VINEY PROTECT WITCH AND SHOOT SHOULD SHOULD AND THE SAFETY OF THE SHOOT OF THE SAFETY OF THE METALLIC TO EXACUTE STATE OF THE ACTUAL TAX TO THE Moriet dans 1 de la consville e, Livaroj y 是一种的人。 19 15 Had Sulph A CONTRACTOR OF THE CONTRACTOR

	MARYLAND	CTATE	DEDARTA	LENT OF	MEATTH
	MARILAND	SIAIR	DEPARIN	TEITI OF	HEALIN
-					

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 955

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
. COUNTY Manta amery MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporete limits) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL end give neerest town)	
lakoma Park / mos	Washington
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d, STREET ADDRESS (ON A FARM)
Washington Sanitarium + Hospital	1334 Jevverson St. N.W YES NO &
3. NAME OF First Middle	Last OF Month Day Yeer
(Type or print) Delia Effie	Watkins DEATH / 12 1961
5. SEX O. MARRIED NEVER MARRIED 8	DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED TO DIVORCED	9 - 17 - 79 Sas Dirthday) Months Deys Hours Min.
1Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	RY 11. SIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Virginia. U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
13. TATIER S MAINE	EL ALLO LIL
John Parker	Elizabeth Coghill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Ifyesgivewerordatesofservice)	INFORMANT Address
	15p. Records
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8)	1/2- Accident 5/ Knuks
20 111	2 TOV WEST OF MEST OF
33 / X DUE TO P / / / / /	11.4
Conditions, if any, which gave rise to immediate cause	vios clevosis unknown
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	11- 1 - 5 30 13 VES [] NO DE
200, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED	O. (Enter nature of injury in Pert I or Part II of item 18.)
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZDc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)
at week at week	tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	5-20, 1960 to 1-12, 1966, that (1) (we) last
	death occured at
22a. SIGNATURE O OOM	ATTENDING MED. STAFF SIGNED
Sheart Illson	N.D. PHYS. DIRECTOR PHYS. 1-12-6/
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Stuart L. Nelson	7425 Aspen Court Takoma Park, Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	17.
Burial 1/15/61 Union Ceme	tery Leesburg, Virginia 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	(100)
1 10 0 At Kung 60 2901-17th	SCAL JOATE JAN 16'61 arily S. Krous

Takeman and These was some W. Y. Idr and type HEEL - Street on man rating of me derection 91111 Biled Smilleter's 9-10-76-31 Semale white 313 184 S Thought stades 26 7003/ 1000 The term dend T stood done ! Cally mid Lat. . The HE main to the state of the second second to the second secon THE WAS THE WAS THE WAS THE STATE OF THE STA

death. Page 4

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 956 CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY Montgome	~~		MARYL	AND	2. USUAL RESIDENCE (W G. STATE Kentucky	here deceased	l lived. If in b. COL		Residence I	pefore adm	nission)
b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	√1Ь	c. CITY OR TOWN (If	outside corpor	rote limits, w	rite RURA	L and give	nearest to	wn)
RURAL ond give			14 days		Louisville						
	PITAL (If not in hospital,	give street			d. STREET ADDRESS		(200	V)	e. IS F	ESIDENCE A FARM?
	ical Center.	Beth	hesda 14, Md		648 Eastla	WIL		10	ノーニ		□ NO 🛣
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF		Month		Day	Year
(Type or print)	Ma	irk	Wayne		Weber	DEATH	J	anua	-	11,	1961
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In y		onths Da		DER 24 HRS
Male	White	WIDOW	ED DIVORCED		December 24,	1948	12	yrs.	onths Da	ys Hour	rs Min.
0a. USUAL OCCUPA	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or fareign co	ountry)		12. CITIZEN	OF WHA	T COUNTRY
Student	outing me, even it retires		None		Col	orado				U.S.A	1.
3. FATHER'S NAME	MINDER				14. MOTHER'S MAIDEN	NAME					
Wayne E.	Weber				Vivian She	a					
	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT The Med	ical R	ecord	Address		-	
No	(ii yes, give war or oales or	ier vice)	None	and the same	Clinical C				1h. N	larvl	and
	DEATH [Enter only one co	ouse per li	ne for (o), (b), ond (c).]							INTERVAL	8ETWEEN
PART I. D	EATH WAS CAUSED BY:	, Pn	eumonitis						(dav
19	IMMEDIATE CAUSE (c	/	00011023022					-15-		-	
Conditions, if	and which is	Wi	despread Car	rcin	omatosis					9 1	mos.
gove rise to	immediate DUE TO										
lying couse los	ig the <u>Under-</u>										
	_ ' '	DITIONS (CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	AINAL DISEASE	CONDITIO	N GIVEN	IN PART 16	o) 19. WA	S AUTOPSY
CATIC								- 1		PER	FORMED?
OR CONTRIBUTION	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I or Port	II of item 1	3.)			
20c. TIME OF INJ Hour o. n	n. 10	While			E OF INJURY (Home, far- iry, street, office bldg., et		or town)		(Cou	nty)	(Stote
21. I certify t	hat (I) (this haspita	I) attend	ded the deceased f	ram	ecember 28 19	60 ta J	anuary	11	1961	, that (I	(we) las
saw the dece	ased alive an Jar	nuary	11 19 61 , and t	hat de	ath accurred a 5:2	M, from	the cause	s and c	on the d	ate state	ed abave
220. SIGNATURE	1011		•								22h DATE
POV	ut 15th	431	Sus	М	D. PHYS.	NED.	STAFF PHYS.			1-1	1-61
22c. PHYSICIAN'S NAME (Type		COGGI	NS, M.D.		22d. ADDRESThe Institutes					ional	
23g. BURIAL, CREMAT	TION, 23b. DATE THERE	of 1961	23c. NAME OF CEMET	ERY OR	CREMATORY	23d. LOCAT	ION (City, to) [tote)
24. FUNERAL DIRECTO	OP'S SIGNATION	1101	ADDRESS 11/0	TY	enteme	DERY PREGIST	PAP	PEGISTRA	AR'S SIGN	ATURE)	1
//	S SIGNAIPRE	1.1	WA	SEL	الارك					, ione,	,
Oyson	gs Tuners	UK.	ome 1300	14 -c	An. W. DATE	EN 1 3 '6	1	Clathy	in 8 12	roud	

Maryne E. Meber

Colorado 2001

week! maky hi

Ind Fedical Fecond

Hone The Chinhol Center, Setherals 11, Faryland

to the straining of the

For II reasons 28 50 commercial of to it were to

Inneital terned facintio add January of Moslan, Between 11, bet.

				1 . 13.		
Yarrochok	To the second			Yes	OCTOR OF	
	atity r		L day			
	aria amasanintaiz	B HOUSE	AUDIORA E	BAR MOTORIA		
				dayson		
		E\T1\8				
A.R.R.		1. Y.	o market in the			nab-05
	Your estimate					
				Accept a		

TO HOSPITAL &

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

958

00951

1. PLACE OF DEATH o. COUNTY	2.	USUAL RESID	ENCE (Where	deceased liv		on: Resider	ice befo	re admissi	on)		
MONTGOMERY	MARYLAND		RYLAND		b. COUNTY	Mon	TGO	MERY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OLNEY 3 DAY		1	OWN (If outs		limits, write R	URAL ond	give ned	arest town)		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET AD	DDRESS	-1-2-	-74			e. IS RES	DENCE FARM?		
MONTGOMERY GENERAL HOSPITAL		So	UTH LA	WN LAI	IE				NO X		
DECEASED	ALVIN 1	Last	4	OF DEATH	Mon		Do 4		^{(ear} 9 61		
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER M	AARRIED W B. D	ATE OF BIRTH		9.	AGE (In years lost birthdoy)	IF UNDER					
MALE WHITE WIDOWED DIVE	ORCED [12/31/	/60	31/38	- yrs.	Months	Days 3	Hours	Min.		
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE during most of working life, even if retired)	ESS OR INDUSTRY	11. BIRTHPLA	CE (Stote or	foreign coun	ry)	12. CIT	IZEN OF	WHATC	OUNTRY?		
during most of working life, even it refired)		N	ARYLAN	ND.			-11	S.A			
13. FATHER'S NAME	1	4. MOTHER'S									
THOMAS CALVIN WILDER	7.544.0		BETTY	ANN SI	DDUETH						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	Y NO. 17. INFO	RMANT			Add			11 12			
(Yes, nonrounknown) (If yes, give war or dates of service) None		Hos	PITAL	RECOR	S. OLN	FY. M	1n -				
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), one	d (c).]	11		Λ			INT	ERVAL BE			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	al	Hen	non	lla	al		OI4.	LI AND	DEATH		
7600 DUETO ~ 11	0 0-4	D -	7 0	0	0						
Conditions, if ony, which) (b)	est 1	ron	lal) le	be						
gove rise to immediate couse (o), stating the under-	0		areh.		340E						
lying couse lost. (c) Swarely	opner	env	nea	١							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAUS	O DEATH BUT NO	T RELATED TO	THE TERMINA	AL DISEASE C	ONDITION GIV	EN IN PA	RT 1(0) 1	PERFO	RMED?		
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)										
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work of work		OF INJURY (H		20f. (City or	town)	(County)		(Stote)		
		11/2/			19 1			100	100		
21. I certify that (I) (this hospital) attended the deced		2/3/		.cta	au 4		-	. , .	we) last		
saw the deceased alive an \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	and that dea	th accurred	atN	1, fram th	e causes ar	d an th	e date		above.		
And Dayrend	M.D	ATTENDING	MED.	CTOR 🗆	STAFF PHYS.		4	220	SIGNED		
22c. PHYSICIAN'S NAME (Type) A. D. Bonifant M.D.		22d. ADDRES			Sprin		ary	land	1		
230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF	CEMETERY OR C				V (City, town,			(Stote	e)		
REMOVAL (Specify) Burial Jan. 5 1961 Seal					nison	//	Me				
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Farm		25a. REC'D (BY REGISTRA	25b. REGI	STRAR'S SI	GNATU	RE			
Francis Barber Layto	nsville	Md.	DATE JAN	11 '61	0	frillian d	8. Ku	MA	22		
2073171XV4											

TO BE LEVEL BY LONG TO THE T TOTAL DESIGNATION THE THE LOSS OF THE STATE OF C. DJ age from likely limit a likely and

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1	1	3	0	pa	11
	ъ	gl	ч	5	1
U	1	3	27	U	6-

	959	CERTIFICA	L OI DLAIN			00000
1. PLACE OF DEATH o. COUNTY MOT	itgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	b CC	DUNTY	e before admission)
b. CITY OR TOWN (If outsid RURAL and give nearest to Chevy Chase	own)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	chase	write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (IF F			d. STREET ADDRESS	gan Drive		e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day Year
(Type or print) S. SEX 6, CC	DURWOOD		LLIAMS	9. AGE (In	Jan. 28	, 1961 TYEAR IF UNDER 24 HRS.
and the second second	hite WIDOWE	36	Oct. 8, 18	_ lost birt	1	Days Hours Min.
10a. USUAL OCCUPATION (Giv during most of working life Retired	ve kind of work done 10b. o, even if retired)	KIND OF BUSINESS OR INDUS	IRY 11. BIRTHPLACE (Stote North C		12.CITI2	U. S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	170 22 10.11	MACH AND LESS
Samuel G.	Williams		Wilhelm	Belcher		
	ive war or dates of service)	7 70 0005	formant Wife Margaret G.	e Williams	Address	as Item 2
1B. CAUSE OF DEATH (E PART I. DEATH WA		e for (a)(3b), and (c).]	1 HBur	MBOOK		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, wh gove rise to immedicause (a), stating the unilying cause lost.	ote der- CC (c)	ironin At		SEATE		10 YRJ
PANT II. OTHER SIG		ONTRIBUTING TO DEATH BUT				PERFORMED? YES NO X
	USE OF DEATH	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in I	Part I or Port II of item	18.)	
20c. TIME OF INJURY Mo Hour o. m. p. m.	nth, Day, Year 20d. It 19 While of work	Not while fact	CE OF INJURY (Home, farm lory, street, office bldg., etc.		(C	County) (State)
21. I certify that (I) (saw the deceased a		ed the deceased from		1		that (1) (we) lost dote stoted above.
220. SIGNATURE	Dolon	a hos	ATTENDING MI	CTT - NORTH		22b. DATE SIGNED
22c. PHYSICIAN'S / NAME (Type) /	so I p	GNOWAN M	D & 218- WI	140 ANE	BETHEN	ipa ms
- PEMOVAL (Specify) -	b. DATE THEREOF -1-61	23c. NAME OF CEMETERY OF Arlington N		23d. LOCATION (City,		(Stote)
24. FUNERAL DIRECTOR'S SIGN ROBERT A.		ADDRESS Bethesda			o. REGISTRAR'S SIC	SNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL C

death. Page 4

VR A15 (4) 1SM 9/59

		208	
		wramoligos.	9 v ₃
			Voi C
	- align through firtue	AREZ Nozgon	
Ing .es .est	arrany.	формуна	
	na PROLITA . 450 FE		
	TABLESTED BETTER		
	Totales without t	aselfior & for	
	ammility .b serenne		
	3 6		
Audient mate			
	652 cal. 166 cas		

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any descriptions are executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. Elle pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event. VS. A15ME 5M 7/59

MARYLAND STATE D	EPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OSO MEDICAL EXAMINER'S	CERTIFICATE OF DEATH

9	SO MED	ICAL	EXAMINER'	S CERTIFICA	TE OF	DEATH		669	53
1. PLACE OF DEATH				2. USUAL RESIDE	NCE (Where			idence before e	dmission
	tgomerv		MARYLAND	e. STATE	rland	b. COUN	Mon'	to.	
b. CITY OR TOWN (if outs	ide corporete limit	s, c	LENGTH OF STAY IN 1			rporele limits, write			vn)
write RURAL end give			1:0 Ch	105					
d. NAME PAHOSBIAL C	ON INSTITUTION (i	f not in hospite	tike 6 hr	d. STREET ADDRES	ington			La IS P	ESIDENC
20220			n, give meet educate					ON.	A FARM
XEXXEXX 3. NAME OF	First	tt St.	10.10	3910 Hs					NO X
DECEASED (Type or print)		lanwer 1	Middle Williams	Last	4. DATE OF DEAT		LIGHT JI4	Dey Year	61
5. SEX male 6.			NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In yeers			
					000	lest birthdey)	Months Dey		Min.
を記し 10a. USUAL OCCUPATION (001.	WIDOWED [Aug. 14,]		70 yrs.	10 617170		
done during most of working			OF BUSINESS OR INDUS		ele or foreign o	(ountry)		N OF WHAT C	OUNTRY
laborer		1 -		Va.			USA		
13. FATHER'S NAME				14. MOTHER'S MAIDE	EN NAME		To the last		
John Will:	iams			Unknow	vn1				
15. WAS DECEASED EVER IN			CIAL SECURITY NO. 17		114 14	Address			
(Yes, no, or unkown) (Ifyesg	ive werordetes of se	ervice)		Thelms Wi	illiams	(wife)	Item 2		
18. CAUSE OF DEAT	H [Enter only one	ceuse per line	for (e), (b), end (c),			(11220)	100111 13	INTERVAL BET	TWFFN
PART I. DEATH WA	AS CAUSED BY:	_		on			500 PM	ONSET AND I	DEATH
IMME	DIATE CAUSE (+)_	Coro	nary occlus:	LOII				sudden	1
1420,1	DUE TO						72.7		
Conditions, if eny, wh	101								
geve rise to immediate of	DI IE TO								
cause lest.	(c)								
PART II. OTHER SIGI	NIFICANT CONDIT	IONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(e		AUTOPSY DRMED?
E C									NO X
PART II. OTHER SIGI		DESCRIBE	HOW INJURY OCCURED	(Enter neture of Injury In I	Pert I or Pert II	of item 18.)			
ZOC. TIME OF INJURY	Month, Day, Yee	r 20d. INJ		LACE OF INJURY (Home, fo		(Ity or town)	(County)	(Stete)
20c. TIME OF INJURY Hour e.m.		While	1401 111110	ectory, street, office bldg.,	etc.)				
	19	et work _	et work				F67		
21. I certify that I	took charge o	t the remain	ns described above,	held an Autopsy [],	Inspectio	n X, Inquir	у 🔀 , _ а	and in my o	pinion
death resulted from:	Natural ca	uses X,	Accident, Su	icide, Homicid	le 🔲, U	Indetermined m	anner		
1		0		CHIEF MEDICA	AL EXAMINER				
ACTUAL SIGNATURE	dens 9.	1200	that	ASSISTANT M	EDICAL EXAM	INER 🔲		DATE SIG	NED
				DEPUTY MEDIC	CAL EXAMINER	I X	1/31/6	1	
EXAMINER'S NAME (Type)	rank J. H	roscha	rt	Address (Stree	ot, city, town, c	or county)			
220. SURIAL, CREMATION,			. NAME OF CEMETERY			ATION (City, town	or country)	(Slef	0)
REMOVAL (Specify) Burial	2/4/67		Elijah.,		Pool	e eville	1/63		
23. FUNERAL DIRECTOR	0/1/01		ADDRESS	1 240. 5		esville,		LATURE	
Snowden Fune	ral Home	e. Ro	ckville, Md		FER 2	STRAR 246. REG	Thur S. Th	MILLA	
		,		DATE					

Contract to the second and the avenue are continued CATE . THE . to for the state of the 10:00:01 Acid Teap Transfer a 2 Transfer Arter The antiques of the state of the s may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. Physician ond completely filled in by the funeral directors. Then please remove carbon papers. Poges 1 and in any event within 72 haurs after death remaval, page 3 should be detached far use as the burial-transit permit. the State Board of Health prior to burial, cremation, or

1. PLACE OF DEATH o. COUNTY Montgomer	v		MARYLAND	2. USUAL RESIDENCE o. STATE Virginia	(Where decease	b. COUNT		ence before o	dmission)
b. CITY OR TOWN	If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	orote limits, write	RURAL ond	give nearest	town)
Bethesda	1 1		79 days	McLean					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol,			d. STREET ADDRESS		X:	X		RESIDENCE
U. S. Nav	al Hospital	1		6 Bermuda	a Court	O,	3/	YE	S NO
3. NAME OF DECEASED	Fi	rst	Middle	last Sr	. 4. DATE	Mo	nth	Day	Yeor
(Type or print)	Lou	uis	Boisseau	WILLIAMS		Jar	nuary	4	1961
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)			JNDER 24 HRS.
Male	Caucasian	WIDOW	ED DIVORCED	7-5-95		65 yrs	22.00111111	Days Ho	ours Min.
10a. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (SE	tote or foreign o	country)	12. CI	TIZEN OF WH	IAT COUNTRY?
Real Estat		"		Virgin	nia		100	USA	
13. FATHER'S NAME			LEZE TAR	14. MOTHER'S MAIDE					13200
Green WILL	IAMS			Pauline	DENNIS				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT	2211120	Ad	dress		
Yes, no. or unknown)	(If yes, give war or dates of: 1910 to 19]	per per	64-14-7675 (5	S) Major L. H	R W4114	iome IIS	T cc	ame es	40
			ne for (o), (b), and (c).]	a) Marior H. I	D. Water	بالله و مسعد	T, se		L BETWEEN
	ATH WAS CAUSED BY:	ovse per in		C.	10			ONSET	AND DEATH
1 9	IMMEDIATE CAUSE (,	Metastati	ic Cancinam	& (Trim	any Unkin	DIM)_	11	1
	DUE TO)							
Conditions, if)							
gove rise to couse (o), stating								1	
lying couse lost.		c)							
PART II. OT	HER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TE	ERMINAL DISEAS	SE CONDITION G	IVEN IN PA	RT 1(o) 19. V	VAS AUTOPSY ERFORMED?
E I	Circhos	212	Henetic						NO [
PART II. OT	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	RED. (Enter noture of injury	y in Port 1 or Po	rt II of item 18.)			
	RY Month, Doy, Ye	or 20d II	NJURY OCCURRED 20e. F	PLACE OF INJURY (Home,	form. 20f. (Cit	y or town)		(County)	(Stote)
Hour o.m.	19	While	Not while f	octory, street, office bldg.,		,,		(000,117)	(Diero)
		ot wor				_	1	-	10-1
21. I certify the	at 🗱 (this haspita	I) attend	ded the deceased fram		1960 to	January	4 , 196	ol, that	(we) last
saw the decea	sed alive an Jax	nuary	4 19 61, and that	death accurred at	M, fram	the causes a	nd an th	ne date sta	ated abave.
220. SIGNATURE	1/1 on	1 11	4/				17		22b. DATE SIGNED
	XIAn //n	20/0	ano	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		1-9	5-61
22c. PHYSICIAN'S	John Wood	DAVIS	, LT, MC, USN	22d. ADDRESS			100		
NAME (Type)	DOGGGGCKKOMIO	XDE GX		U. S. Na	aval Hos	spital, I	Bethes	sda, Mo	1.
23a. BURIAL, CREMATIO	ON, 23b. DATE THERE	OF	23c. NAME OF CEMETERY			ATION (City, town,		-	(Stote)
REMOVAL (Specify	1-9-61		Arlington	National	Ar	Lington		Virg	inia
24. FUNERAL DIRECTO		2			REC'D BY REGIS		ISTRAR'S S	IGNATURE	
91 400	Funeral Hon	no 2	901 N. Fairfax	-Boom, 14-	FAMI O			8. Kraue	
THE WATER COM	Langray Uni	100	JOH H. LOTTTON	- DA .					

TO HOSPITAL VR A1S (4) 1SM 9/S9

190 C

	ela la la vel v		W or	Non total
	u late, See	Ty days		no. out
	o Bernach Contro		LovAquell Lave	
, i_	· NATUL IV	imeasibil	blood	
65	(-(-1		. · Loud	2540
AGU LL	mi div		reducti succ	5% Leef
	eland onlaw		330,1001	W app'a
t, Jaki, same os we	Major L. J. Millita	(2)	EIRI of Bir.	Tes
19 / Talin	TE TECOUPO			
To-d-T To de Jeann To de Jeann		10 4	, les not	

CERTIFICATE OF DEATH

969

00955

\perp	206	02.11111071				00000			
1	PLACE OF DEATH a. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE OF STATE	CE (Where deceased lived. b.	If institution: Residence I COUNTY	befare admission)			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING	c. LENGTH OF STAY IN 16		N (If outside corporate limi	its, write RURAL ond give	e nearest town)			
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 403 Waterford I			d. STREET ADDRESS P.O. Box 697,		e. IS RESIDENCE ON A FARM? YES NO			
3	NAME OF First DECEASED (Type or print) LUTHER	Middle EDGAR	WILLIAMS	4. DATE OF DEATH	Month	Doy Year 6/			
S	SEX 6. COLOR OR RACE 7. MARI MALE WHITE WIDOW	RIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 7/11/83	9. AGE last 77	(In years IF UNDER 1 Y Manths Da	EAR IF UNDER 24 HRS. bys Haurs Min.			
11	On USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) OWNER (RETIRED) TIP	KIND OF BUSINESS OR INDU		(State or foreign cauntry) NOTE OF THE STATE OF THE STAT	LO STATE OF THE STATE OF	S.A.			
V	B. FATHER'S NAME		14. MOTHER'S MA	IDEN NAME					
1	GEORGE M. D. WILLIAMS			EPPERLY					
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) (If yes, give war or dates of service)		FORMANT Willie N	fyrtle Willia	Address ms, PO. Box terman, Texa				
140	Canditians, if ony, which gave rise to immediate cause (o), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS	Leneralyes	NOT RELATED TO THI	ETERMINAL DISEASE COND	DITION GIVEN IN PART 1				
MOITA DISTRACT	PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 or Port 11 of item 18.)								
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. I Hour a.m. 19 While p. m. 19	Not while fo	ACE OF INJURY (Ham ctory, street, office bld	e, farm, 20f. (City or tow g., etc.)	n) (Cou	inty) (State)			
	21. I certify that (I) (this haspital) attended the deceased fram. Sept. 100, to flam, 1961, that (I) (we) last saw the deceased alive an fram 6 1961, and that death accurred at M, fram the causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED DIRECTOR STAFF PHYS. 22c. PHYSICIAN'S NAME (Type) BERNARD A. FITZGERALD								
2	3G. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (C	Lity, tawn, ar county)	(State)			
3	Raymond a Juska	SILVER SPRING	, MD. 250	REC'D BY REGISTRAR	25b. REGISTRAR'S SIGN				

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

and them (t. The state of the s ATTEMPT MATARITA the second markets made at the es es , and make the second of BAND ON THE STREET WAS ALL THE STREET 4 XDA Zamanika mengantahan kebandan Kabupatan Pilangan Pi BART ALEXAND DESCRIPTION OF THE PROPERTY OF TH The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		963		CERTI	FICA	TE OF DEAT	ГН		Reg. D	ist. No.	369	58	
	Montgomery	7		MARY	LAND	2. USUAL RESIDENCE (North Care	Where decease	d lived. If institutio b. COUNTY	n: Reside	nce befor	re admiss	ion)	
ŀ		outside carporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	f outside corpo	orate limits, write RL	RAL and	give ned	rest town)	
	Bethesda	nesi iowiij		2 days		Burnsville	9						
,	OR INSTITUTION	L (If not in hospitol, g			Md.	d. STREET ADDRESS Route 4, I	Box 139	70	×	-3	e. IS RES ON A YES	FARM?	
- [NAME OF DECEASED Type or print)	Dav.	t	Middle Carr e		Wilson	4. DATE OF DEATH	January		7 7	,	rear 961	
5. 5	Male	6. COLOR OR RACE	7. MARE	NEVER MARRI		December 8,	1906	9. AGE (In years last birthday) 54 yrs.	Months	Doys Doys	Hours	R 24 HRS Min.	
10a.	USUAL OCCUPATION during most of working Farmer	N (Give kind of work on ng life, even if retired)	one 10b.	Farming	R INDUS	North			12. CI		F WHAT	COUNTR	
13.	FATHER'S NAME				716	14. MOTHER'S MAIDEN NAME							
	Turner Wil	lson			4380	Martha Her							
IS. (Yes		IN U. S. ARMED FOR 1 yes, give wor or dates of se	rvice)	38-26-2433	100000000000000000000000000000000000000	FORMANT The Me e Clinical (Mar	ylan	d	
				ne far (a), (b), and (c).						ONS	RVAL BE	DEATH	
	Conditions, if on gove rise to im couse (o), stoting to lying couse lost.	y, which (b)		bral metas		5					2 we year		
CATION	PART II. OTHI			ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIVE	N IN PAI	RT 1(o) 1	PERFO	NO	
CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture of injury i	n Port I or Par	t II of item 1B.)					
MEDICA	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	20d. It While of wor	Not while	20e. PLA fact	CE OF INJURY (Home, fo ary, street, office bldg., e	erm, 20f. (City	or town)	(County)		(State	
	7	of I attended the wary 7	, 19.6	ed from Janua 1, and that Lazo	death	no of the Cline of	ADDRESS (S	n the causes as treet, city or town, s	nd on I	last so he dat	e state	deceased above the sign 7/61	

PHYSICIAN'S NAME (Type) MIC

22a. BURIAL, CREMATION,
EMOVAL (Specify)

1-12-61

22c. NAME OF CEMETERY OR CREMATOR

Bethesda III, Maryland

AATORY 22d IOCATION (City, town, or county)

National Institutes of Health

N. C (State)

23. EUNERAL DIRECTOR'S SIGNATURE

ADDRESS TO S

240. REC'D BY REGISTRAR
DATE JAN 1 0 '61

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

	HUA	RO TO ST		**	
	Very autien				The second second
			The state of the s		
	100 100	. Latin		: 1	Training all
		to E	To a grand	- Staff	
		The second	The North Control		Latin to Lar
8 4 ¥			Torribe		
	where				Boalds decide
	Tarana (ada).				De Contractor
1					
Charles Albreite Charles Call S					

VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OMEDICAL EXAMINER'S CERTIFICATE OF DEATH

	004	
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
	COUNTY COUNTY	anstate () b. CALINTY
1	MARYLAND MARYLAND	Maryland Montgomery
	b. CITY OR TOWN (if outside comprete limits, write RURAN and give reges town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
0	write RURAV end give peares wwn)	
1	Takoma Park DOA	Silver Spring
0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS I O. IS RESIDENCE
75	1 7 (0)	ON A FARM?
	Washington Danitarium +Hee	b 100 Devere Dr VES NOT
	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
	DECEASED 1	OF .
	(Type or print) LIZZIE MGP	13.15 DEATH / - 26 196/
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 19. AGE (In yeers IF UNDER 1 YEAR I IF UNDER 24 HRS.
	NEYER MARRIED NEYER MARRIED	Mar hank dank
	WIDOWED DIVORCED	10-4-94 (26 yrs. Months Deys Hours Min.
9	100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
	done during post of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Anti-	Georgia 708A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	13. FAITHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Hhe Conshir	Margaret tettis
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 76. SOCIAL SECURITY NO. 17. 1	
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	NFORMANT HILD CHAPPEDION
	None	Margaret Potts 1100 Novach
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	
		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Cornary (Cec	lurion sudden
		puasin
	DUE TO	
	Conditions, if any, which (b)	
	geve rise to immediate cause	
6	(e), steting the underlying DUE TO	
	cause lest. (c)	
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
		YES NO 17
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CO	nter neture of Injury In Pert I or Pert II of item 18.)
7	CAUSE OF DEATH.	
		CE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	Hour e.m. While Not While	ory, mean, office broad, sice)
	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes . Accident . Suici	de Homicide Undetermined manner
	A Accident Line Accident Line States	
н	1. 1	CHIEF MEDICAL EXAMINER
	ACTUAL 1 / Same of the	ASSISTANT MEDICAL EXAMINER DATE SIGNED
9	SIGNATURE MUST LANGE	M.D.
	EXAMINER'S TO THE TOTAL TO THE TOTAL	DEPUTY MEDICAL EXAMINER 2 /- 26-61
	NAME (Typo) FRANK . Streehzht	Address (Street, city, town, or county)
9	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	
9.1	REMOVAL (Specify)	1 Selection of the sele
	Mulas 1-30-61 Parklasin	Con Carlovelle hed
	23. FUNERAL DIRECTOR ADDRESS 7.	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	1120 8	
	West Junear House 4012 steel	DATE FEB 6 '61 Orthun S. Ferans
-	61/4	M K)

DEAL PROPERTY OF THE MENT OF THE CONTRACTOR The second of th Service and the service of the servi

TO HOSPITAL

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND SERVICION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00958

	1. F	PLACE OF DEATH				DENCE (Where deced	sed lived. If institution	: Reidence before	admission)
1		o. COUNTY	mt an	MENU MARYLAN	ND a. STATE	arula	b. COUNTY	Mosta	mary
	b	CITY OR TOWN (If or RURAL and give neare	utside corporate limits, w	rite c. LENGTH OF STAY IN	1b c. CITY OR	TOWN (If sytside car	porate limits, write RP	RAL and give near	ut Jawn)
	1	04 North	1 Kochell	5 04rd	. 104	Non	74 K	ocun	118
		OR INSTITUTION	in nat in haspital, give s	treet address)	d. STREET	ADDRESS D	1. 1.11	111 0.	IS RESIDENCE
			,		104 1	יא, ועדרט	oc unite	Md.	YES NO
	I	NAME OF DECEASED (Type or print)	WHARE	Clark	Wi	4. DATE OF DEAT	5 0 51	16 Day	1961
	S. S	EX. 6	. COLOR OR RACE 7.	MARRIED NEVER MARRIED	BADATE OF BIRT	TH .	9. AGE (In years last butthday)	Months Days	Hours Min.
		Male	NEGYO WIL	DOWED DIVORCED	1 Aug. 3	1893	65 yrs.	Monnis Days	mours min.
	10	. USUAL OCCUPATION during most of warking	(Give kind of work done	106 KIND OF BUSINESS OR II	NOUSTRY 1 . BIRTHY	LACE (Stote ar foreign	country)	12. CITIZEN OF V	VHAT COUNTRY?
1	1	and Sca		handscapi	- N	Jany/	and	lu.	577.
	13.	FATHER'S NAME		111	14. MOTHER'S	MAIDEN NAME	4.41		
	/	13EN10	min	vims .	1 81	iza 1	Tuichi	NSON	
		WAS DECEASED WER IN	N U. S. ARMED FORCES? res, give war or dates of service)	16. SOCIAL SECURITY NO.	7. INFORMANT	1. 1/ 10.	Addre	" "	1 111
		NO		(WITERN	artha wi	ms, 1047	lorth, E	ocknill
				per (n) for (a), (b), and (c).	0	,		INTER	VAL BETWEEN T AND DEATH
			WAS CAUSED BY: MMEDIATE CAUSE (0)	princho-	- Chen	monia		1	wh.
		117	DUE TO	My (L. L.	- DI		0		
		Conditions, if any,		Mejastan	C) win	mary	Ca.	*n	mas,
	Н	couse (o), stoting the		la de Lia	Ada in		SMERKS	9	
	z	lying couse lost.	(c)	ONS CONTRIBUTING TO DEATH	TUENOC	arcino		NI INI BART V-) 10	WASAUTORSY
	CERTIFICATION	PARI II. OTHER	SIGNIFICANT CONDINC	ONS CONTRIBUTING TO DEATH	BUI NOI KELATED I	O THE TERMINAL DISE	ASE CONDITION GIVE		PERFORMED?
	FICA	20a. ACCIDENT WAS I	INDERIVING D 20h	. DESCRIBE HOW INJURY OCCU	1995D /Enter noture	of injury in Part Lar F	Port II of item 18.)		YES NO
	CERT	OR CONTRIBUTING []	CAUSE OF DEATH	. DESCRIBE HOW HOOK! OCC	SKED. LEMBI HOTOTE	or injury in roll (dr)	011 11 01 110		
		20c. TIME OF INJURY		20d. INJURY OCCURRED 20d	e. PLACE OF INJURY	(Home, farm, 20f. (C	ity or town)	(County)	(Stote)
	MEDICAL	Hour o. m.	V	While Not while	foctory, street, offic		,	(000,)	(5.5.5)
	Σ	p. m.			Jen.		Fr. 16	.61 .	
			1	tended the deceased fro		1997 , .to	VEN! LU	, 1991, tha	
		saw the deceased	alive an	ly of , and th	at death accurre	ed at LLM, fra	m the causes and	I an the date :	22b.DATE
		100111	e 12. 10	chan Md	M.D. ATTENDIN	MED.	STAFF PHYS.	1-16	-6 SIGNED
М		22c. PHYSICIAN'S	Jor ga	2001/110	22d. ADDF		1 0	1 10	A
	Н	NAME (Type)	,		202	Martin	La, Ko	chille	Md.
	230	. BURIAL, CREMATION,	23b. DAJE THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LO	CATION (City, town, o	county)	(Stote)
		REMOVAL (Specify)	1/20/61	John Wesl	еу.,	Re	ockvy Hill,	Md.	
	24.	FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS	3//3	2So. REC'D BY REG	ISTRAR 2Sb. REGIS	TRAR'S SIGNATURE	
- 13	7	1. L. Snow	deal	Rockvill	e, Na.	DATE JAN 2	6 '61 CL	Shur & Henry	4
			permo						

Most groverd Maryland Martgemy 104 North, Roch. Mr. Sopro 104 Months, Rockille 104 North, KeelwillE, Hd. Maynard Clark Wimes Jav. 16, 61 Male Negro Lug. 3, 1895 65 Pard scapers tandscaping Mary land U.S.A. 135.14. Wife: Martha Wime, 164 North, Pockville MC Wite: Mathia W. No 124 Main, ا سان Netatic relmovery la. 163m 2 . 25. restatic Adenocurcuma (Levie Je. 14 Jen. 10 9 Jen. 16, 61 0 1-16-61)

(Levie Je. Jackson, M.D. 202 Martin Le., Cochelle, Did.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

920

00959

						-				
1. PLACE OF DEATH o. COUNTY Montgomer	y	MARY		usual RESIDENCE	E (Where dece yland		institutia OUNTY	n: Residence	befare admi	ission)
b. CITY OR TOWN (If outside co	prporote limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	_ `	arporate limits,	, write RU	RAL and giv	re nearest tax	wn)
d. NAME OF HOSPITAL (If not in OR INSTITUTION The Clinical Certain				d. STREET ADDR		enue			ON	A FARM?
3. NAME OF DECEASED (Type or print) JOSE	eph First	(no middle		Witcoff	4. DAT	T-	nuar		29	19 61
s. sex 6. color Whit		RIED NEVER MARRII		ate of Birth	396	9. AGE (I	n years (hday) yrs.		YEAR IF UNI	T
10a. USUAL OCCUPATION (Give kinduring most of warking life, even Laundrymat Owner Country Coun	en if retired)	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE Polar		in country)			·S.A.	COUNTRY
3. FATHER'S NAME Samuel 1	Vitcoff		1	Liebby V			1,3			
15. WAS DECEASED EVER IN U. S. (Yes po or unknown) (If yes pive w	ar or dates of service)	SOCIAL SECURITY NO 31-01-9802	The	clinical					Maryla	and
Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	AUSED BY: TE CAUSE (a) Aspi DUE TO (b) ACU DUE TO (c)	ration Pnet	umonia nous I		TERMINAL DIS	EASE CONDIT	TION GIVE	EN IN PART	ONSET AN 21 H	DEATH
PART II. OTHER SIGNIF	OF DEATH	CRIBE HOW INJURY O	CCURRED. (I	Enter noture of inju	ury in Port I or	Part II of item	n 18.}			NO [
20c. TIME OF INJURY Month, Haur o. m. p. m.	While	NJURY OCCURRED Not while		OF INJURY (Home , street, office bld		(City or town)		(Co	ounty)	(Stote
21. I certify that (I) (thi saw the deceased olive 22a. SIGNATURE									dote state	
	ard E. Rie	selbach M	• D •	PHYS. 22d. ADDRESS		linica nal In	l Cer	/29/6] nter ites C cyland		lth
23a. BURIAL, CREMATION, 23b. D. REMOVAL (Specify)	ATE THEREOF	ARL. 10	ETERY OR C	REMATORX	7. 23d. 10	RL.	VA	r county)	(St	rote)
24 TUNERAL DIRECTOR'S SIGNATURE	IRE MORA OSlowe	ADDRESS 477-9	20,0	17001	TEJAN 3 1	GISTRAR 2	Sb. REGIS	TRAR'S SIGN	TATURE	

TO HOSPITAL OF

VR A15 (4) 15M 9/59

STAND TO A ASHITED

Trains on oil efficaced system the District Convey, Enthands Mr. 121. - 6103 tarters Avanue countries of the country of the part of th And a cont . . . a room landbar of the control of the attories Luck british US 0130 16 - 92 yr maif o 16 . 25 yrannoù - ren - ren l'Aril De le le la main de la colon de la co

TO HOSPITAL O

VR A1S (4) 1SM 9/59

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

967

00960

Vision Conditions Continued Conditions Continued Conditions Continued Conditions Continued Conditions Contribution Co	e. IS RESIDENCE ON A FARM? YES NO Month Day Yeor 19 D SE (In years I birthdoy) Months Days Haurs Min.
OR INSTITUTION MES Green'S Nursing Home 3. NAME OF DECEASED (Type or print) 5. SET 6. COLOR OR RAGED WIDOWED DIVORCED	Month Day Year 19 6 16 Intribdoy) Months Days Haurs Min. 12. CITIZEN OF WHAT COUNTRY Marsen Address INTERVAL BETWEEN
DECEASED [Type aprint] S. SES 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. BME OF BIRTH WIDOWED DIVORCED 10. USUAL OCCUPATION (Give kind of work dame during during most of working) life, even if retired during most of working life, even if retired life. 13. FATHERS MAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IM J. S. ARMED FORCES? (16. SOCIAL SECURITY NO. (17. INFORMANT (Ver. no. or unknown)) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), storing the under lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING CAUSE OF DEATH (C) OR CONTRIBUTING CAUSE OF DEATH (C) OR CONTRIBUTING CAUSE OF DEATH (C) TO CONTRIBUTING CAUSE OF DEATH (C) OR CONTRIBUTING CAUSE OF DEATH (C) WIDOWED DIVORCED B. MIE OF BIRTH 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IM J. S. ARMED FORCES? (16. SOCIAL SECURITY NO. (17. INFORMANT WITH A MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. (17. INFORMANT WITH A MOTHER'S MAIDEN NAME 17. INFORMANT 18. CAUSE OF DEATH (C) OR CONTRIBUTION OF BUSINESS OR INDUSTRY 19. AG (C) OR CONTRIBUTION OF BUSINESS OR INDUSTRY 10. INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. INFORMANT 13. BATHER'S MAIDEN 14. MOTHER'S MAIDEN 15. MAS DECEASED PRICE OF BIRTH 16. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. (I7. INFORMANT 17. INFORMANT 18. CAUSE OF BIRTH 19. AMOTHER'S MAIDEN 19. AG (C) 19. AG (C) 10. INFORMANT 11. DIRTHER'S MAIDEN 11.	Harren Address Address INTERVAL BETWEEN 19 67
WIDOWED DIVORCED DIVORCED 100. Vis. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 13. FATHERS MAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ten. no. or unknown) (If Ser. give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If Ser. give wor or dates of service) 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING CAUSE OF DEATH (c) OR CONTRIBUTING CAUSE OF DEATH (c) 20a. ACCIDENT WAS UNDERLYING OR DEATH (c) OR CONTRIBUTING CAUSE OF DEATH (c) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of OR CONTRIBUTING CAUSE OF DEATH (c) While Not while of work of the wor	Marsen Address Address Interval Between
13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canaditions, if only, which gove rise to immediate couse (a), stating the under: If ying couse last. (c) DUE TO Contributions C	Karsen R3, garthersburg, MG
15. WAS DECEASED EVER INJU. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If Yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate couse (a), storing the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year Hour a. m. 19 20d. INJURY OCCURRED While of wark of octory, street, office bidg., etc.)	Rassen R3, garthersburg, Ma INTERVAL BETWEEN ONSET AND DEATH
Test Conditions Condition	R3, garthersbirg, Ma INTERNAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate couse (a), storting the under-lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING COURRED. (Enter nature of injury in Part I or Part II of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year Hour a. m. p. m. 19 DUE TO CONCENT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS CONTRIBUT	INTERVAL BETWEEN
	PERFORMED? YES NO item 18.) wn)
WINGHIAM CIMIGER, MP JONOSE WY, gain	(City, town, pr county) (State)

the first the transfer film of Survey Rudory at bother William to culture Himee House Attic Am Rom, 13 gathering, 11 Conce for to the Multiple Willer month 19 - 5 wet 2561 in to miller Windows of Mores, MD There are I attended, hill

DIVISION OF STATISTICAL RESEAR STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY Columbia Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town) write RURAL and give neerest town) TAKOMA BRK. IS RESIDENCE ON A FARM? 13th, Street YES NO X 3. NAME OF DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) last birthdey) Months WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) AMENICA House Witc 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ellen 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (Ifyes give wer or detes of service) Pt.s Washington Sanitarium + Hos NO 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c). IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (State) Month, Day, Year (County) factory, streat, office bldg., etc.) While Not While Hour a.m. at work at work p.m 21. I certify that (I) (this hospital) attended the deceased from 1.2.39 19.61, that (1) (we) last .1961..., and that death occured and the from the causes and on the date stated above. saw the deceased alive on. J. 22b. DATE ATTENDING SIGNED PHYS. PHYS. M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23e. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) St. Dennis Cemetery Have 25b. REGISTRAR'S SIGNATURE Havertown, Pennsylvania The S.H. Hines 2901 1/thess Washington

DATE N 11 '61

arthur S. Kraus

VR A15 (4) 15M 9/60

Contraction to the first of the state of the House wife Pomby of a LARSA 1901 St. women to Compter a Bayer comp. Formar Lynn de la constant de la THE RESERVE OF THE PARTY OF THE

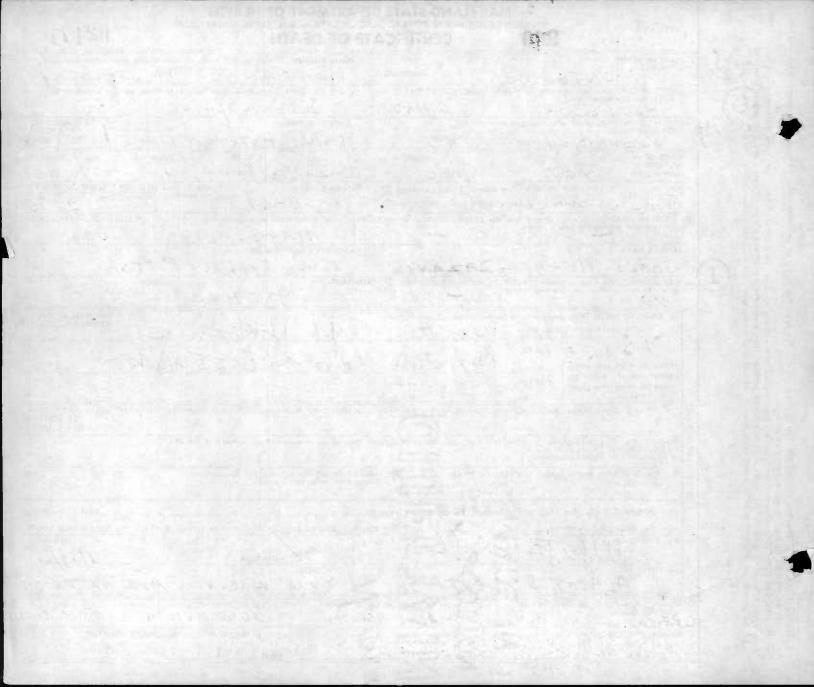
VR A15 (4) 1SM 9/S9

1	3 cthat. 143 969 CERTIFICA	ATE OF DEATH
	PLACE OF DEATH O. COUNTY NONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY D. T.G. (7)
Ь	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RETHESDA 2 HRS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
C	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION JUBURBAN HOSPITAL	d. STREET ADDRESS ON A FARM YES NO!
0	NAME OF First Middle DECEASED (Type or print) Bas V GIRL	Lost 4. DATE Month Day Year OF DEATH 1 29 196
5. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED STEPPED DIVORCED DIVORCED	
10a.	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT W 3 A U 3 A
13. 1	JAMES MICHAEL ZAZANIS	14. MOTHER'S MAIDEN NAME MARY EVISLYN PITTS
15. \ (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give war or dates of service)	INFORMANT Address
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ruph Mentanes Interval Betwee
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	Raboral 25 with
CERTIFICATION	, (6)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO
	200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCUR OF CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of work of twork 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (St foctory, street, office bldg., etc.)
		death occurred otM, from the causes and on the date stated abo
	220. SIGNATURE HELT & FIZER	M.D. ATTENDING MED. STAFF PHYS. 1/24/61
	PLBRAT S BRIGHT D	8218 WISCONSIN AUE BRITHESD
23o.	BURIAL CREMATION, 236. DATE THEREOF, REMOVAL (Specify) SEMATION JAN. 31-61 SUBLIBBAN H	OSPITAL OLD GEORGETOWN RD, BETHESDA
50	FUNERAL DIRECTOR'S, SIGNATURE UBURBAN HOSPITAL FOLD GEORGETOWN CARTER, ADMINISISTRATOR BETHESDA, N	RD, DATE PR 1 0 '61 Orthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

BETHESDA, MD

14323 X10(2003B.)



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
ION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

DI	VISION OF STA			RECORDS - BALT	MORE 1, MARY	LAND		
971		CERTIF	ICATE	OF DEATH	at .		069	162
1. PLACE OF DEATH o. COUNTY Montgo	nety	MARYL		USUAL RESIDENCE (W		. If institution: Resi b. COUNTY	dence before o	dmission)
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	limits, write c.	LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	outside corporate li	mits, write RURAL o	nd give nearest	town)
Bet	hisda.	22 mon	the	Tras	hington	v	4-77	(-3
d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION	ol, give street odd	Sanitare	um 5	5/5 Rowt	horne of	n. 21.		S RESIDENCE ON A FARM? ES NO S
3. NAME OF DECEASED (Type or print)	First	Middle	7	lost Imme + man	4. DATE OF DEATH	Month	Day 7	Yeor 196 /
S. SEX 6. COLOR OR RA	CE 7. MARRIED	NEVER MARRIE	D B. D.	ATE OF BIRTH	9. AC		DER 1 YEAR IF	
male while	WIDOWED J	DIVORCED	00 0	ct. 17, 18	184 100	76 yrs. Month	hs Doys He	ours Min.
10a. USUAL OCCUPATION (Give kind of we during most of working life, even if re	ork done 10b. KIN	ND OF BUSINESS OF	R INDUSTRY	11. BIRTHPLACE (Stote	or foreign country	12.	CITIZEN OF WE	HAT COUNTRY?
13. FATHER'S NAME	0		1.	MOTHER'S MAIDEN	NAME			
Michael	0, 2	immorm	an	Rebecca	Myers			
1S. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unknown) (If yes, give war or date	FORCES? 16. 800	CIAL SECURITY NO.	17, INFOR	MANT		Address 5	515 Has	thorne!
no		A	Mr. C	lasence ger	nmerman		tash. 1	6,20.0
Conditions, if ony, which)	BY: SE (o) (b) E TO	Cythe	or.	-Vascu pocle	rotie	Deci de	Clisea Chisea	AL BETWEEN AND DEATH
PART II. OTHER SIGNIFICANT	(c)	NTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CON	NDITION GIVEN IN		WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	ATH	BE HOW INJURY OF	CCURRED. (E	nter noture of injury in	Port I or Port II of	item 1B.)		
ZOc. TIME OF INJURY Month, Doy, Hour o. m. p. m.	Year 20d. INJU While of work	Not while of work	20e. PLACE foctory	OF INJURY (Home, fari , street, office bldg., et	m, 20f. (City or to	wn)	(County)	(Stote)
21 I certify that (I) (this has	ijal) ottended	/ 4		h occurred of 3	RANGE THE	causes and on		(I) (we) lost oted above.
220. SIGNATURE	Rude	iails	M.D.	ATTENDING A	NED. ST	AFF IYS.	1/1	226. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) HNDREU	E. p	RUD NA	7-1	22d. ADDRESS	hear !	Is the	4 7/	rd . 44
230. BURIAL, CREMATION, 23b. DATE TH	EREOF 2	Sac. NAME OF CEME	LOW	REMATORY	23d. LOCATION	(City, town, or coun	(VI)	(State) 2
24. FUNERAL DIRECTOR'S SIGNATURE	ies l'	ADDRESS Lageist	bon	Madelana	D BY REGISTRAR	25b. REGISTRAR'S	S SIGNATURE	

STO CHETIBICA IS DE PLANTE DE LA COMPENSA DEL COMPENSA DE LA COMPENSA DE LA COMPENSA DEL COMPENSA DE LA COMPENSA DEL COMPENSA DEL COMPENSA DE LA COMPENSA DE LA COMPENSA DE LA COMPENSA DEL COMPENSA DEL COMPENSA DE LA COMPENSA DEL COMP Makelm deserb Zimmerman 20 1884 The State of the The Marine Simulation of the Committee of th